

**Simulation and Laboratory Immersion
Audio Visual Authorization and Release
Allied Health Department | Mineral Area College**

I hereby authorize Mineral Area College and the Allied Health Laboratory to have photographs, audio, and video recordings made of myself and my participation and performance in simulations and debriefings, and to use, copy, publish, copyright, or broadcast said information as provided herein.

I understand that this information will be used for instructional purposes, both for myself and for other simulation participants, now and in the future, and may be used for instructional purposes in other departments within Mineral Area College. I hereby waive the opportunity or right to inspect or approve any finished materials prior to their use, disclosure, or publication.

I understand and consent that this information, or portions thereof, may be used or released by Mineral Area College for purposes of publicity, broadcast print, the Internet, local area networks, advertising, or marketing.

I understand that this authorization is voluntary, and I may refuse to sign. However, Mineral Area College may condition my participation in simulation and laboratory experiences upon my completion of this authorization.

I understand that I may revoke this authorization at any time, except to the extent that Mineral Area College has relied on this authorization, by sending a written statement of revocation that specifically refers to this authorization.

I hereby waive any right, title, or interest I may have, now or in the future, to any recordings or images of me used or contained in any materials produced as a result of this authorization, and hereby warrant that I have not limited or restricted the use of my image, voice, or any recordings or transcriptions of same with any other organization or person.

I hereby release Mineral Area College and its trustees, officers, agents, employees, and any other individuals or organizations acting under their permission or authority from any and all rights, claims, demands, actions, or damages I have or may have, arising at any time from their capture, use or publication of any materials created as a result of this authorization.

By signing this authorization, I acknowledge that I have read and understand the statements contained herein.

Student Printed Name

Date

MAC Student ID

Student Signature