



LAKEVIEW
COLLEGE OF NURSING

**Photo, Video, and Audio
Consent and Release Form**

Before photographing, videotaping, or audio recording individuals as part of a course requirement of Lakeview College of Nursing, we are required to obtain the consent of individuals 18 years of age or older or the consent of a parent/guardian for individuals younger than 18 years of age.

I hereby consent to the use of photographs, video, or audio of the subject identified below. I understand that videotaping/photography/audio recording may occur in the context of the College classroom/lab or another location outside of the College for educational purposes only. I understand that no compensation or other remuneration, now or in the future, will be exchanged.

Subject's Name: (printed) Jillian Kurtz

Signature: Jillian Kurtz

Address _105 Grant Ave

City, State, Zip Code ___Charleston, IL 61920

Date: _11/12/201

Parent or Guardian Information for Subjects Under 18 Years of Age

Parent or Guardian _____

Address _____

City, State, Zip Code _____

Signature _____ Date _____

(To be signed by parent or guardian if the subject is under 18 years of age)