



**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) Taylor Enos

Signature: Taylor Enos

Address 422 N. Vermilion St.

City, State, Zip Code Danville, IL 61832

Date: 1-28-2023

Parent or Guardian Information for Subjects Under 18 Years of Age

Parent or Guardian _____

Address _____

City, State, Zip Code _____

Signature Taylor Enos Date 1-28-23
(To be signed by parent or guardian if the subject is under 18 years of age)