

PART IX WVU MEDIA RECORDING/USAGE RELEASE: *Please complete this form to Sentry MD by logging into your account here: <https://mysentrymd.com/#/home>*

For the privilege of participating in activities for West Virginia University, I hereby give my consent for my image and likeness to be videotaped, audiotaped, or photographed for the following uses.

- Educational/instructional media
- Recruitment/outreach media
- Development media
- Newsworthy media documentation

I further authorize West Virginia University and/or West Virginia University Hospital Inc., and their component parts to use this electronic media and/or photographs in any manor – whole or in part, this waiver includes usage of this media in any way deemed appropriate, which may include electronic and photographic reproductions thereof for the production of educational, instructional, promotional or institutional advancement materials which support the educational and outreach activities of West Virginia University.

I hereby waive any right I may have to inspect or approve any use of this electronic media and/or photographs, and I release West Virginia University and its component parts from all liability which could result from its use.

Participant's Name: _____

Address: _____

Phone Number: _____

Signature: _____

Date: _____

A parent or guardian must sign this form if the model is a minor or if the model is hindered by mental or physical challenges.

Parent/Guardian's Name: _____

Signature (Required): _____