CONSENT FORM

I, ______________________, understand that the professional staff and such assistants, agents, photographers and technicians of the University of Illinois College of Medicine may produce still photographs, motion pictures, produce educational closed circuit television programs, including videotapes, as well as other audio visual recordings of my image for educational purposes. Use of these tapes is limited to student-faculty or peer review in small group settings, and images may not be used as a teaching tool for other purposes without my expressed, written permission.

I hereby voluntarily and knowingly authorize the use and reproduction by the University of Illinois of any such photographs, motion pictures, electronic recordings, videotapes, etc., for any educational endeavor. I further understand and agree that I will not be compensated in any way for the use of said images and all photographs, negatives, film reels, and transparencies shall become the sole property of the University of Illinois College of Medicine or its assigns.

My authorization includes the modification or retouching of such photographic images as the University deems necessary.

I understand that this consent has not time limitation, but that I may revoke my consent at any time upon written confirmation of same.

I authorize that I am over the age of eighteen (18).

___________________________________    __________________
SIGNATURE OF STUDENT/RESIDENT     DATE

___________________________________    __________________
WITNESS (sign and print name)      DATE