



OKLAHOMA CITY

Authorization for Photography and Recording of Simulation Sessions

I hereby grant to Oklahoma State University - Oklahoma City and its legal representatives and assigns, the irrevocable and unrestricted rights to photograph and record clinical labs and simulation sessions throughout my enrollment in the college and to use the photographs or recordings in the review and evaluation of the performance of the clinical groups and individuals. In addition, I give permission for use of this recording in the education of current and future faculty, staff, and students on the implementation of labs and simulation in clinical education, with the understanding that these recordings will not be used for presentations outside Oklahoma State University - Oklahoma City without the express consent of the participants. I hereby release Oklahoma State University - Oklahoma City and its legal representatives and assigns from all claims and liability relating to the use of these photographs and recordings.

STUDENT NAME (print): _____ DATE: _____

STUDENT SIGNATURE: _____