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I hereby authorize and give full consent to Wilderness Medical Associates to copyright or publish all photographs, videotapes, voice recordings, and film in which I, the undersigned, appear. Further, I agree that Wilderness Medical Associates may transfer, use or cause to be used these photographs, videotapes, voice recordings, and film for any and all exhibitions, public displays, publications, commercial, art and advertising purposes, and television programs without limitations or reservations.

Signature

Date

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