



### Photo/Video & Evaluation Waiver

Student Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

I hereby grant permission for the coordinators and sponsors of the R-COOL-Health Scrubs Camp to take, edit, and use photos/videos for publicity, news, and advertising. I understand that the photos/videos may be used only for educational and public information purposes.

I grant permission

I do not grant permission

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I authorize the Center for Rural Health to maintain and reference the application and registration information periodically to evaluate the effectiveness of the Scrubs Academy. Students participating in the Scrubs Camp may be contacted in the future for evaluation purposes.

I authorize

I do not authorize

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_