

**ITHACA COLLEGE
SCHOOL OF HEALTH SCIENCES AND HUMAN PERFORMANCE
CENTER FOR LIFE SKILLS**

PARTICIPANT PHOTO & AUDIO/VIDEO RECORDING CONSENT

I agree to permit the taking of pictures and/or audio/video recordings of myself at the Center of Life Skills and/or programs sponsored by the Center for Life Skills, subject to the condition that I will not be identified by name in any picture or recording. I understand that the pictures and/or audio/video recordings will be made available for viewing for educational purposes or for the promotion of the services and educational facilities of the Center for Life Skills and the Ithaca College School of Health Sciences and Human Performance.

I understand that my consent may be revoked at any time.

Name of participant_____

Signature of participant_____

Date: _____