**Photography and/or Video Release:**

The investigators will be presenting the results of this study in a variety of formats and to a variety of audiences. We would like to utilize photographs of the study process in presenting the information to various audiences. If you agree that we may utilize your photographic image in presentations to others, please sign below. You will be asked again during your participation in this study if you consent to photographs being taken.

**I consent to having my photograph or videotaped image used for presentation and publication purposes by the investigators.**

**Please circle YES or NO if you allow your image to be used without your identity being altered.**

**Please indicate the type of image you are allowing to be taken of you during this study by circling the following PHOTOGRAPHS VIDEO RECORDING**

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Signature of Subject for Printed Name of Subject for Date

Video/Photography Release Video/Photography Release

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Signature of Investigator/or Printed Name of Investigator/or Date

Person Obtaining Consent Person Obtaining Consent