



**AUGUSTA UNIVERSITY  
MEDICAL COLLEGE  
OF GEORGIA**

**Augusta University  
2020 Igniting the Dream of Medicine Conference**

**Media Consent Form**

\_\_\_\_\_  
**Printed Name of Participant**

**Please check response to applies to your educational level:**

- High School**
- College**

I agree to be taped, filmed, or photographed by a person approved by the Augusta University, and the Igniting the Dream of Medicine Conference, with the understanding that such materials may be used for news publications and recruitment efforts to enhance the programs at the Augusta University. My consent is given with the following restrictions, if any (If no restrictions, write "none"): \_

\_\_\_\_\_  
I hereby release and agree to hold the Augusta University, the Igniting the Dream of Medicine Conference, University System of Augusta University, and their members, officers, agents, and employees free from any liability connected with the photography, filming, taping, and interviewing that I my child/ward may appear in during the event.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature or Legal Guardian  
(All high school participants must have  
Parental/guardian signature)

\_\_\_\_\_  
Date