

Images of Aging Photo Contest

University of Nebraska Medical Center- Aging Interest Group

Photographer's Name _____

Address _____, NE

Zipcode _____ Phone _____ County _____

Title of Photograph (optional) _____

"I have read and complied with the consent rules. I give my consent for its use by the University of Nebraska Medical Center Section of Geriatrics in any way related to the publicity or teaching programs of the university for internal or external purposes.

Photographer's Signature _____ Date _____

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If submitting a group photo, please complete this information for each subject.

Subject's Name _____

Address _____ NE,

Zipcode _____ Phone _____ Country _____

I give my consent for my photo taken by _____ to be used by the University of Nebraska Medical Center, Section of Geriatrics in any way related to the publicity or teaching programs of the university for internal or external purposes.

Subject's Signature _____ Date _____