

Laboratory Photography/Videography Consent Form

This form seeks your consent for photography and/or videography during laboratory activities. Please read the information below and indicate your agreement.

Participant Details

Full Name

Affiliation/Department

Contact Information

Consent

I understand that photographs and/or videos may be taken during laboratory sessions and may be used for documentation, educational, or promotional purposes.

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I consent to being photographed.

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I consent to being video recorded.

Additional Notes or Restrictions

Participant's Signature

Date