



The University of New Mexico

Consent to Photograph/Video Record

I, the signed below, do hereby give The University of New Mexico and its designates the irrevocable right to use photographs of me, and or my property, my name (or any fictional name), picture, portrait, or photograph in all forms and media and in all manners, including composite or modified representations, for advertising, trade or any other lawful purposes, without further compensation to me, and I waive any right to inspect or approve the finished version(s), including written copy that may be created and appear in connection therewith. All negatives, positives, and digital files, together with the prints shall constitute The University of New Mexico's property, solely and completely. I am of full age. I have read this release and am fully familiar with its contents.

Subject: Traditional Medicine without Borders: Curanderismo in the Southwest and Mexico

Location: University of New Mexico- Main Campus

Date/s: July 10-21, 2017

Participant's Name (printed)

Participant's Signature

Email Address

Phone Number

Date

(For minors, age 17 and under, parent or guardian signature is required)

Parent/Guardian Name (printed)

Parent/Guardian Signature

Relationship to Minor