Photograph/Videotape/Website Release Form

I hereby give my permission to the UNM Prevention Research Center or its representatives to photograph videotape or audiotape me and to use these photographs, videotapes or audiotapes for educational purposes or to be included in printed documents or materials. I hereby release to The Prevention Research Center all rights to exhibit this work publicly or privately, including posting on the Center's website and other webbased media.

Date:			
Signature:			
		(Please print)	
-	City	State	Zip code
(Youth under age 1	18 must have their	parent's signature)	
Date:			
Name of Pa	arent/Guardian:		
Signature:			
Child's Na	me:		
Address:			
-	City	State	Zip code
	SC Preven	TION RESEARCH CENTER htion & Population Sciences	
	MSC 11 Alb	iversity of New Mexico 1 6145 2703 Frontier NE ouquerque, NM 87131 272-4462 Fax: (505) 272-3955	