



Celebration of Research
Media Release and Transportation Consent

Instructions: Complete all fields of this form electronically. Each participant or parent/guardian (if the student is under 18) must sign this form. Then scan and email to MCCOR@mayo.edu.

Student or Teacher Name		
School		
Parent or Legal Guardian Name (if student is under age 18)		
Street Address of Individual		City
State	ZIP Code	Daytime Phone (authorizing signature)

Consent for Interviews, Photography, Audiotaping, Videotaping, Filming, Artwork

Initial by each item, signaling consent:

_____ I consent to be interviewed, photographed, audiotaped, and videotaped for the purposes of publication, broadcast, medical instruction, sale, or any other use by Mayo Clinic and other media organizations.

_____ I further consent that such information, photography, videotape, and film shall be the exclusive property of Mayo Clinic or the media organization recording it and consent to the use of this material in any appropriate manner, including dissemination to the general public. It is understood that my name and identity may also be used for these purposes.

Consent for Transportation

_____ I consent to allow Mayo-sponsored bus transportation of the above-named student from the downtown Mayo Clinic campus to the Saint Marys campus if the student participates in a tour based at Saint Marys.

I consent to the above without expecting payment, and I release Mayo Clinic, its corporations, trustees, and employees from any and all liabilities which may arise from the use of such information, photography, and transportation.

Signature	Date (mm-dd-yyyy)
Parent or Legal Guardian Signature (if student is under age 18)	Date (mm-dd-yyyy)