SHIFAH MEDICAL TRAINING COLLEGE

P.O BOX 37-40308, AMBWERE PLAZA, KITALE, KENYA.
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OFFICE OF THE PRINCIPAL
EMAIL: admissions.smtc@gmail.com
Health through Innovation & research

CONSENT FOR VIDEOGRAPHY/PHOTOGRAPHY

I,**…….** hereby grant permission to **Shifah Medical Training College**, its marketing team, employees, and representatives to film, photograph, and record my likeness, voice, and performance for the purposes outlined below.

I understand and agree to the terms and conditions stated in this consent form.

PURPOSE & INTENDED USE

The video footage, photographs, and recordings obtained will be used for the following purposes:

- Educational, instructional and training
- Promotional and marketing materials
- Publications and presentations
- Social media platforms
- Other lawful uses related to the institute's mission and activities

DURATION & TERRITORY

I grant permission for the use of my video, voice and photograph in **Shifah Medical Training College's** Marketing systems both in Kenya and beyond. This consent extends to all forms of media, including but not limited to print, digital, audio, video and online platforms.

RELEASE & WAIVER

I release **Shifah Medical Training College**, its marketing team, employees and representatives from any claims, demands or causes of action arising out of or in connection with the use of the video footage, photographs, and recordings obtained.

CONFIDENTIALITY

I understand that **Shifah Medical Training College** will take reasonable measures to protect my personal information and will only use it for the purposes specified in this consent form.

COMPENSATION

I acknowledge that I will not receive any financial compensation for the use of my photograph, voice and performance. I understand that my participation is voluntary and I will not hold **Shifah Medical Training College** responsible for any expenses or liabilities incurred as a result of my participation.

REVOCATION

I understand that I may revoke this consent at any time by providing written notice to **Shifah Medical Training College.** However, any material already produced or distributed may continue to be used as agreed upon in this consent form.

GOVERNING LAW

This consent form shall be governed by and construed in accordance with the laws of Kenya and policies of **Kenya's films and classification board.**

I have read and understood this video consent form, and I voluntarily agree to its terms and conditions.

Participant's Full Name .....

Signature of Participant **Date**

FOR PRINCIPAL

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