

## Parental Consent for Media Publication

I give permission for my child, \_\_\_\_\_, to participate in the NSF Digital Storytelling Project. I also give the University of Alaska Fairbanks (UAF) permission to photograph, videotape, and record my child and to use the photographs, videotape, film or audio recording in its print and electronic publications, video broadcasts, radio broadcasts or any similar electronic and mechanical means for purposes related to the NSF Digital Storytelling Project. I also give UAF permission to use my child's name, academic grade in an accompanying caption, if applicable. I agree that the photographs, including negatives, slides and prints or any other presentation of the images, are the property of UAF. I waive any right I may have to inspect and/or approve the finished product in which the images may be used. By signing this form I intend to release and discharge UAF from any and all claims that I may have from its use of my image or voice.

Signature of parent or guardian:

Printed name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_