

Illinois MakerLab

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VIDEO / PHOTOGRAPH RELEASE — MINORS

I, _____, the parent or legal guardian of
_____, hereby give consent for my child's

☐ photograph (please check each box for which you give consent)

☐ video

to be recorded in the course of participating in _____ at the Illinois MakerLab, under the general supervision and direction of Dr. Vishal Sachdev. I understand that these photographs or video footage may be used for illustrative or informational purposes on the organization's website (makerlab.illinois.edu), Instagram (instagram.com/uimakerlab/), Facebook (facebook.com/uimakerlab/), or in publications. I understand that my child will not be identified by name. I understand that I can contact the MakerLab at any time at the address and/or email given below if I have any questions.

Signature of Parent/Guardian

Date

Signature of Child Participant

Date

Signature of Illinois MakerLab Representative

Date

Dr. Vishal Sachdev

Director, Illinois MakerLab

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