CU COMMUNITY FAB LAB

VIDEO/PHOTOGRAPH RELEASE

I, _____, hereby give consent for my

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

☐ video

to be recorded in the course of participating in _____ at the Champaign-Urbana Community Fab Lab, under the general supervision and direction of Lisa Bievenue. I understand that these photographs or video footage may be used for illustrative or informational purposes on the organization website (cucfablab.org), Facebook Group (facebook.com/CUCfablab/), Instagram (instagram.com/cucfablab/), or in publications. I understand that I can contact the Fab Lab coordinator at any time at the address, phone number, and/or email given below if I have any questions.

_____

Signature of Participant *Date*

_____

_____

Signature of Informatics Representative

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