



Champaign-Urbana
Community Fab Lab

VIDEO/PHOTOGRAPH RELEASE

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 Champaign-Urbana Community Fab Lab, under the general supervision and direction of Jeff Ginger and Lisa Bievenue. I understand that these photographs or video footage may be used for illustrative or informational purposes on the organization website (<http://cucfablab.org>), and Facebook Group (<https://www.facebook.com/pages/Champaign-Urbana-Community-Fab-Lab/177273545636056>) or in publications. I understand that my child will not be identified by name. I understand that I can contact the Fab Lab coordinators at any time at the addresses, phone numbers, and/or emails given below if I have any questions.

Signature of Parent/Guardian

Date

Signature of Child Participant

Date

Lisa Bievenue

Signature of Informatics Representative

Jeff Ginger

Signature of Director of Operations at The CU Community Fab Lab

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