

## VIDEO/PHOTOGRAPH RELEASE

l,	, the parent or legal guardian of
	, hereby give consent for my child's,
☐ photograph (please check each box for which you gi	ve 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 Kyungwon Koh. I understand that these photographs or video footage may be used for illustrative or informational purposes on the <u>organization's website</u> (cucfablab.org), Facebook Group (facebook.com/CUCfablab/), Instagram (instagram.com/cucfablab/), or in publications. I understand that my child will not be identified by name. 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 Parent/Guardian	Date
Signature of Child Participant	Date
Signature of CUC Fab Lab Representative	Date

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