

## College of Education Talent Release Form

Please review the University of Illinois, College of Education Talent Release form. This is not required in order to participate in the study.

### Video/Photo/Audio Consent Form

I, the undersigned, do hereby consent to the use by the University of Illinois at Urbana-Champaign of the image, voice, or both of the minor child under the age of 18 described below, in (1) the video, photograph, or audio recording described below; and (2) any video, photograph, or audio recording reproduced either in whole or in part from the video, photograph or audio recording described below: regardless of whether these materials are used for fundraising, advertising, publicity, or any other purpose on behalf of either the university or its Foundation.

I warrant that I am the parent or legal guardian of the minor described below and have the full right and authority to grant this consent on behalf of such minor.

In addition, I waive all claims to compensation or damages based on the use of such minor's image or voice, or both, by either the university or the Foundation. I also waive any right to inspect or approve the finished photograph or video or audio recording.

I understand that this consent is perpetual, that I may not revoke it, and that it is binding on the minor, our heirs and assigns.

I warrant that I am at least 18 years of age and that I am competent in my own name insofar as this consent is concerned. I further attest that I have read this consent form and fully understand its contents.

### Description of video, photograph, or audio recording

Images of child playing Minecraft on a computer, interacting with researchers and other students, and audio explaining their interest in Minecraft and how they play the game.

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I have read this talent release form and choose to allow my child's audio and video to be used in public presentations, project materials, and web site. Media permission is not required for participation.

Yes

No

Printed name of parent or care-giver:

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Signature of parent or care-giver:

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Date:

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