

## Multimedia Waiver

I \_\_\_\_\_ understand that \_\_\_\_\_  
(actor) (UNI student)

has recorded my photo, video, or audio for a student project at UNI's College of Education.

I understand that all or part of these recordings may be included in a final video that will be created for educational purposes.

I hereby grant my permission to share these recordings of me in a video through media including but not limited to: website, YouTube, and social media.

I represent that I am at least eighteen (18) years of age and am fully competent to sign this waiver

\_\_\_\_\_  
Name Date

## Multimedia Waiver for Minor Children

I \_\_\_\_\_ understand that \_\_\_\_\_  
(parent/ legal guardian) (UNI student)

has recorded my photo or voice or a video of my actions for a student project at UNI's College of Education.

I understand that all or part of these recordings may be included in a final video that will be created for educational purposes.

I hereby grant my permission to share these recordings of my child in a video through media including but not limited to: website, YouTube, and social media.

I represent that I am at least eighteen (18) years of age and am fully competent to sign this waiver.

\_\_\_\_\_  
Child name

\_\_\_\_\_  
Parent/ legal guardian signature Date