

Permission to Photograph, Videotape, and/or Audio Record

I, _____, give DMAC participants (hereafter, "the makers of the documentary) permission to photograph me / videotape me / record my voice for HIS / HER / THEIR digital media text (movie, video, audio).

I understand that this text may be shown to other teachers and students and may be submitted to competitions. It may also be distributed in other ways such as being published on the web or included in books about teaching with digital media.

I understand that my appearance in this text will be acknowledged by name in the credits.

I understand that I will receive no compensation, monetary or otherwise, for appearing in this text now or when the text is distributed/published as described above.

I also understand that by giving my permission I release The Ohio State University, DMAC, and the makers of the text from any liability in connection with my appearance in this text.

Yes No I give permission to use my first and last names in connection with
the presentation / publication of the text.
(circle one)

Please sign, date, and provide contact information:

Signature: _____

Print Name: _____

Date: _____ Telephone: _____

Permanent Address: _____

Email Address: _____

Individuals under 18 years of age must have the permission of a parent:

Parent's signature (if applicable): _____

Print Parent's Name: _____

Date: _____ Telephone: _____

Parent's Permanent Address: _____

Parent's Email Address: _____

Thank you for contributing to this digital media project!