

# Release Waiver

The purpose of this waiver is to request permission to use any video footage or photo(s) of persons created by project participants for the new Illinois TDL Math and Science Project. The materials will be housed in a secure setting at the Illinois Office of Educational Services. All appropriate credit will be clearly acknowledged.

The following option list is intended to allow the student and parent/guardian, TDL Math and Science Project participants, and mentors to determine what type of release is agreed upon.

I \_\_\_\_\_ agree to the following:

Check appropriate box(s).

***I agree to permit*** the IL TDL Math and Science Project to use my video footage, photo(s), etc. for the Illinois TDL Math and Science Project.

***I do not wish*** to have my video footage, photo(s), etc. used for the Illinois TDL Math and Science Project.

\_\_\_\_\_  
Student, Participant, or Mentor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (for students under 18 years of age)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Received by (project staff)

\_\_\_\_\_  
Date