University of California, Irvine  
Parent Waiver for Videotaping APPcamp 2016

Dear Parent(s)/Legal Guardian(s),

We are requesting permission to videotape the activities of APPcamp this summer. We anticipate that videos of students designing, building, and learning through hands-on activities can help math and science teachers find new ways of innovating in their own classroom practice. As such, we would like to videotape students participating in the learning activities of APPcamp for use in professional development workshops with math and science teachers. Although your child’s face may be visible and his/her name may be audible on the videotape, no other identifying information will be provided to the teachers about your child. Please note: Your response to this request will not affect your child’s participation in APPcamp this summer.

________________________________________________________________________________________

APPcamp Video Waiver

Student’s Name: ________________________________

I am the parent/guardian/caregiver of the child named above. I have read your letter requesting permission to videotape my child during APPcamp learning activities for use in professional development workshops with teachers.

(Please check the appropriate box below.)

☐ I DO give permission for you to videotape my child (named above) during APPcamp.

☐ I DO NOT give permission for you to videotape with my child (named above) during APPcamp.

Signature: ____________________________________________ Date: ______________
