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

We are requesting permission to photograph and videotape the activities of APPcamp this summer. We anticipate that pictures and 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 capture 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.

Student’s Name: ________________________________

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**Video Waiver**

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 my child (named above) during APPcamp.

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**Photo Waiver**

(Please check the appropriate box below.)

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

I grant permission to the Regents of the University of California and their appointed agents or employees to use photographs taken of my child. I understand that my child’s photograph, likeness, or image may be used in or for future publications relating to or involving APPcamp, including (but not limited to) the APPcamp brochures, newsletters, and Web site.

I hereby agree to release, defend, and hold harmless the Regents of the University of California and its agents or employees, including any firm publishing and/or distributing the finished product in whole or in part, whether on paper, via electronic media, or on Web sites, from any claim, damages, or liability arising from or related to the use of the photographs.

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

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Signature of Parent or Legal Guardian ___________________________ Date ___________________