Indiana University Adapted Physical Activity Program

Consent for Photographs, Videotapes, Movies, or Television

I, the undersigned, hereby authorize photographs, videotape, or movies of
____________________________ by representatives of the Indiana University
(name of participant)

Adapted Physical Activity Program or other designated persons to be viewed by the
aforementioned program staff and students in contributing to the educational
development of this staff and students in the advancement of teaching techniques and
program activities. I further agree that the aforementioned program staff may use these
visual materials for research or teaching presentations, to advertise the program, or for
other purposes that support advocacy efforts for people with disabilities. It is understood
that the individual's name will not be visible during such usage unless permitted by the
undersigned. Refusal to provide consent does not affect program enrollment.

_________________________  __________________________
Date                        Signature of Parent/Guardian

_________________________  __________________________
Date                        Signature of Child if Appropriate

_________________________
Date                        Signature of Witness
Indiana University Adapted Physical Activity Program

Consent for Photographs, Videotapes, Movies, or Television to be Placed on the Department of Kinesiology Website or IUAPA Promotional Pamphlets

Websites and pamphlets are important tools to recruit students and promote the program. We would like to take “action” pictures or videos during the IUAPA program and post them on the website and/or use them in pamphlets or videos to better promote the program. No names will be used in picture captions or mentioned anywhere in the advertising media that we develop. This is completely voluntary and does not affect your participation or status in the program.

I, the undersigned, hereby authorize photographs, videotape, or movies of

(__________________________) by representatives of the Indiana University

Adapted Physical Activity Program or other designated persons to be viewed by the public to help promote the IUAPA program and recruit potential undergraduate and graduate students. I understand that no names, other than IUAPA faculty and staff, will be used in any part of the advertising media.

_________________________________  __________________________
Date                                      Signature of Parent/Guardian

_________________________________  __________________________
Date                                      Signature of Child (if appropriate)

_________________________________
Date                                      Signature of Witness