ADULT STUDENTS | PHOTOGRAPH/VIDEO/AUDIO CONSENT FORM

I, the undersigned, consent to the recording and any use by the Board of Trustees of the University of Illinois on behalf of its Urbana-Champaign campus of my name, image, musical performance and/or voice, in (1) the photograph, video recording and/or audio recording of myself while at the Piano Laboratory Program described herein; and (2) photograph, video and/or audio recording, CD, DVD, tape, webcast, podcast or other medium for distribution produced either in whole or in part from the photograph, video recording and/or audio recording described herein: for any purpose including, but not limited to, teaching, research, public service, fundraising, sale to the public, advertising or publicity on behalf of the University or its assigns and licensees, including its Foundation or Alumni Association.

I recognize that the University will need to conduct its own copyright clearance review with respect to the underlying music and/or lyrics present in such video and/or audio recordings.

In addition, I waive all claims to compensation (including royalties) or damages based on the use of my name, image, musical performance and/or voice, by the University or its assigns and licensees. I also waive any right to inspect or approve the finished photograph, video recording and/or audio recording.

I understand that this consent is perpetual, that I may not revoke it, and that it is binding on myself and my heirs and assigns. I warrant that I am at least 18 years of age and that I am competent in my own name insofar as this consent is concerned. I further attest that I have read this consent form and fully understand its contents.

__________________________________________________________________ X ___________________________________________________________________
Name of Participant – Please print clearly Signature

__________________________________________________________________
Date

MINOR STUDENTS | PHOTOGRAPH/VIDEO/AUDIO CONSENT FORM

I, the undersigned parent or guardian, consent to the recording and any use by the Board of Trustees of the University of Illinois on behalf of its Urbana-Champaign campus of the name, image, musical performance and/or voice of the minor child described herein, in (1) the photograph, video recording and/or audio recording of this minor child while at the Piano Laboratory Program described herein; and (2) photograph, video and/or audio recording, CD, DVD, tape, webcast, podcast or other medium for distribution produced either in whole or in part from the photograph, video recording and/or audio recording described herein: for any purpose including, but not limited to, teaching, research, public service, fundraising, sale to the public, advertising or publicity on behalf of the University or its assigns and licensees, including its Foundation or Alumni Association.

I warrant that I am the parent or legal guardian of the minor described herein and have the full right and authority to grant this consent on behalf of such minor.

I recognize that the University will need to conduct its own copyright clearance review with respect to the underlying music and/or lyrics present in such video and/or audio recordings.

In addition, I waive all claims to compensation (including royalties) or damages based on the use of such minor’s name, image, musical performance and/or voice, by the University or its assigns and licensees. I also waive any right to inspect or approve the finished photograph, video recording and/or audio recording.

I understand that this consent is perpetual, that I may not revoke it, and that it is binding on the minor and the minor’s heirs and assigns. I warrant that I am at least 18 years of age and that I am competent in my own name insofar as this consent is concerned. I further attest that I have read this consent form and fully understand its contents.

__________________________________________________________________ X ___________________________________________________________________
Name of Parent or Legal Guardian – Please print clearly Parent or Legal Guardian Signature

__________________________________________________________________
Name of Student Date