

MACUL
Michigan Association for Computer Users in Learning
www.macul.org

Waiver/Release Form

School District _____
School Building _____
School Telephone _____
Teacher _____

I _____ hereby consent to the use of
(parent/guardian name)
photos and videos of my child and articles, images, videos, and web content authored by
my son/daughter _____ to be used for internal publications,
(student name)
presentations, postings on the Internet, and media releases by MACUL in order to
promote its organizational activities.

I consent this content shall be the property of MACUL, which has the right to duplicate,
reproduce and make other uses as MACUL deems necessary as part of its organizational
activities.

Further, I hereby waive and forgo any compensation for MACUL's use of photos and
videos of my child and my child's authored articles, images, videos and web content. I
release MACUL, its employees, members, and administrators and hold them harmless
from any liability arising from such use.

Parent/Guardian Signature _____

Date _____

MACUL Parent Consent Form

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