

## Interactive Television Waiver

I/we understand that in an interactive television environment, my voice, physical presence, and participation in activities will be transmitted to distance sites. I/we also understand that participation in an interactive television environment will be electronically recorded. I/we hereby agree that my participation in an interactive television activity including but not limited to my voice, physical presence, participation and the recording thereof will not be a violation of my personal rights and hereby release any claims for the use of such without further consideration.

Students Name: \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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Parent/Guardian permission required if the subject is a minor

Legal Guardian \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_