



INDEPENDENT CARE HEALTH PLAN

Phone: 414-223-4847 Fax: 414-231-1092

Liability Release and Authorization for Use of Recorded Material

iCare Video Challenge Participant Name: _____

As a Participant in the iCare Video Challenge, I understand that my participation in the iCare Video Challenge is completely voluntary. I hereby agree that I will or have obtained the consent of any person whose voice or image appears in my video.

Liability Release:

- I agree to release and forever discharge iCare and Milwaukee Public Schools and their directors, officers, agents, employees and volunteers from any and all liability claims or demands that may arise out of or in connection with any accident, illness, injury or other consequence or event arising from my participation in the iCare Video Challenge.
- I further agree to release iCare and Milwaukee Public Schools from any and all liability arising from or in connection with the creation, use, publication or distribution of my video.
- I further understand and agree that once submitted, my video may be kept on file and/or used by iCare for potential future uses, including educational purposes, iCare publicity purposes, or any other appropriate purpose as determined by iCare.

***NOTE: Signature of a parent or legal guardian is required if the Participant is under 18 years of age as of the date this form is signed.**

X _____
Signature of Individual Participant

Date

X _____
Signature of Parent/Legal Guardian*

Date