

Local PTA Reflections Program Consent Form



IMPORTANT NOTE FOR STATE LEADERS: Completing this form is optional for the National PTA Reflections program. State PTAs may determine that it is a required form for their participants. State PTAs may customize this form to meet their needs.

For Use of a Student's Image or Voice	
I give my permission for my son/daughter,	
Student Name	
Parent/Guardian Printed Name	Date
Parent/Guardian Signature	Date
For Use of an Adult's Image or Voice	
I am 18 years or older and I consent to participate in the taping, photographing, or audio recording of an entry in the PTA Reflections® entry. This entry may be used an unlimited number of times in perpetuity in connection with the PTA Reflections Program or other PTA purposes. I understand that entries may be judged at the local, regional, state, and national level. Entries may be displayed at a school or at another public area, including the Internet.	
Name of Student Submitting the Entry	
☐ I have read and understand the Rules of the Ro	eflections Program.
Printed Name	Date
Signature	Date