

National PTA[®] Reflections Consent Form



The ARTIST does NOT need to sign a consent form. Public places are not subject to consent forms unless the image or film will promote a commercial product. Florida is a two party consent state, this applies to conversations such as interviews and phone calls. Anyone can take photos or films in public places which do not infringe on privacy (exclusions would include public bathrooms, changing rooms, etc...). Conduct your own research if you feel unsure of the law. If in doubt, have the person fill it out.

Websites researched:

- <u>http://communications-media.lawyers.com/privacy-law/child-photography-or-videotaping-consent-laws-are-changing.html</u>
- http://www.dmlp.org/legal-guide/florida-right-publicity-law

For Use of a Student's Image or Voice

I give my permission for my son/daughter, ______, to participate in the taping, photographing, or audio recording of an entry in the PTA Reflections[®] Program. I give consent for the student's voice and or image to be included in the entry. This entry may be used 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 Reflections Program.

Student Name

Parent/Guardian Printed Name

Parent/Guardian Signature

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 Entr | y |
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I have read and understand the Rules of the Reflections Program.

Printed Name

Date

Date

Date