

## National PTA® Reflections Consent Form



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.	
☐ I have read and understand the Rules of the Reflections Program.	
Student Name	
Parent/Guardian Printed Name	Date
Parent/Guardian Signature	Date
For Use of an Adult's Image or Voice	
PTA Reflections® entry. This entry may be used an unlim	e taping, photographing, or audio recording of an entry in the nited number of times in perpetuity in connection with the PTA d that entries may be judged at the local, regional, state, and another public area, including the Internet.
Name of Student Submitting the Entry	
☐ I have read and understand the Rules of the Refle	ections Program.
Printed Name	Date
Signature	Date