

## National PTA® Reflections 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.

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 unlimit	aping, photographing, or audio recording of an entry in the ed number of times in perpetuity in connection with the PTA that entries may be judged at the local, regional, state, and mother public area, including the Internet.
Name of Student Submitting the Entry	
☐ I have read and understand the Rules of the Reflec	tions Program.
Printed Name	Date
Signature	Date