

## **Local PTA Reflections Program Consent Form**



## California State PTA

Local Unit	Council	District #	
For Use of a Stude	ent's Image or Voice		
photographing, or aud the student's voice an connection with the P	lio recording of an entry in the d or image to be included in t TA Reflections Program or oth regional, state, and national	to participate in the taping, e PTA Reflections® Program. I give consent for the entry. This entry may be used in perpetuity in her PTA purposes. I understand that entries may level. Entries may be displayed at a school or at	
Name of Student Sub	mitting the Entry		
☐ I have read and u	nderstand the Rules of the R	eflections Program.	
Student Name			
Parent/Guardian Prin	ted Name	Date	
Parent/Guardian Signature		Date	
For Use of an Adu	lt's Image or Voice		
of an entry in the PTA perpetuity in connect that entries may be ju	Reflections® entry. This entry on with the PTA Reflections F	n the taping, photographing, or audio recording may be used an unlimited number of times in Program or other PTA purposes. I understand ate, and national level. Entries may be displayed Internet.	
Name of Student Sub	mitting the Entry		
☐ I have read and u	nderstand the Rules of the R	eflections Program.	
Printed Name		Date	
Signature		Date	