Parent Permission Form

(This form must be on file at the school where the video originated and provided to committee upon request)

Regional Deadline: May 1

Student Name(s):

_____

Student/Parent Contact Info: Address/phone number:

_____

Adult Sponsor: _____ County: _____

FAME Member Sponsor: _____

Project Title: _____

Grade Level (circle one) : K---2 3---5 6---8 9---12

Category: _____

I, _____ agree that I may be videotaped, interviewed or photographed as part of my participation in the Jim Harbin Student Media Festival in association with the Florida Association for Media in Education. By signing below, I agree to allow FAME and its chapters to use my ideas, likeness and all materials associated with the production of my project in any of their public relations, press, and screenings.

Student Signature: _____ Date _____

If under 18, Parent/Guardian Signature: _____Date _____

Parent/Guardian Name (please print):

_____