



THE
American
History
FILM PROJECT



American History Film Project Parent/Legal Guardian Permission form

The American History Film Project is not a contest. It is an opportunity for students to learn, document, and share with others the unique stories from their communities.

FULL PARENT/LEGAL GUARDIAN PERMISSION

I, _____ the parent/Legal guardian of _____, agree to let my child participate in the American History Film Project. I understand this means allowing my child's work to be shown in its entirety, or in part, for promoting the American History Film Project in electronic or print formats, or other media yet to be invented. I grant my permission for my child's photographic likeness, voice and name to be used. The American History Film Project is a non-profit. It will not sell your child's work. Additionally, for security, purposes, the American History Film Project will take reasonable measures to not publically identify your child by their full name.

Parent/Legal guardian's signature: _____ Date: _____

Parent/Legal guardian's contact information:

Phone: _____

Email: _____

PARTIAL OPT-OUT PERMISSION

If the above conditions are not agreeable, please sign your name below. This will guarantee that your child's work will only be viewed at the American History Film Project's annual student exhibition, and be excluded for promotions.

I agree only to have my child's video only shown at the Annual student exhibition for the American History Film Project.

Parent/Legal guardian's signature: _____ Date: _____

Parent/Legal guardian's contact information:

Phone: _____

Email: _____

FULL OPT-OUT

I do not want my child to participate at all in the American History Film Project.

Parent/Legal guardian's signature: _____ Date: _____

Parent/Legal guardian's contact information:

Phone: _____

Email: _____