



GAINESVILLE AREA FESTIVAL CONSENT FORM

For Minor Participants (under age 18):

I give permission for (my child's) _____ name, video and audio recording to be used for evaluation.

The video and audio recordings will **not** be used for publicity or promotional purposes.

Parent's Signature: _____ Date _____

Name of parent/guardian: (please print) _____

Parent/guardian's Email address: _____

Teacher Name(s) _____

For Participants Age 18 and over:

I give permission for my name _____, video and audio recording to be used for evaluation.

The video and audio recordings will **not** be used for publicity or promotional purposes.

Participant's Signature: _____ Date _____

Participant's Name: (please print) _____

Participant's Email address: _____

Teacher Name(s) _____