



IDEA / International Debate Education Association

STANDARD RELEASE FORM

For parental consent

Date: _____

Program Title: _____

Client / Department: _____

In consideration of my interest in furthering the educational purposes of IDEA, I hereby consent to any recording of my son/daughter/ward on videotape, film, audio tape, paper, digital medium, or otherwise, by said university, its agents, servants, or employees. I authorize the use of such recordings for any proper and legitimate educational or commercial purposes by the university, either on or off campus.

I acknowledge your ownership of the program and further agree that you may use my child's name, likeness and biography for the purpose of promoting the program. I warrant and represent that all material furnished by me is my own or for which I have full authority for such purposes.

Signature of parent or guardian

Date

Name of parent or guardian (please print)

Name of student (please print)

Street Address

Country, City, State/Province, Zip