**NCTE**

**CONSENT FOR STUDENT PARTICIPATION & PHOTOGRAPHY/VIDEO RELEASE**

This form gives consent for NCTE to include your work and/or likeliness in NCTE publications and to use your work in connection with the promotion of NCTE and its various publications. The consent also acknowledges students’ participation in the 2025 CCCC’s and TYCA Conference to be held in Baltimore, MD, April 9-12, and confirms NCTE holds no liability for participation, including participation virtually or transportation to and from the site, and related activities. Students must be accompanied by a registered attendee or exhibitor when visiting the exhibit hall, and no attendees are allowed in the exhibit hall during setup or dismantling. Please sign and return this copy to NCTE (keep a photocopy for your records).

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, grant consent to participate in and potentially be recorded and/or photographed in conjunction with the 2025 CCCC’s and TYCA Conference. I understand this may grant NCTE permission to use images captured in future publications. I understand that I will receive no compensation. I hereby assign publishing rights for the contribution to NCTE, including all copyrights.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IF PARTICIPANT IS UNDER 18 YEARS OF AGE: To be completed by parent or guardian of above-named minor:**

By my signature below, I irrevocably consent to and authorize the use of any and all images, video, audio of or related personal information collected from the minor on or about the date of April 9-12, for any purpose whatsoever, without compensation to me or to the minor. Any personal information will be subject to NCTE’s Privacy Policy, available at <https://ncte.org/privacy-policy/>. The audio, image, and video files and derivatives thereof shall be the sole property of NCTE unless otherwise specified. Further, I give permission for the minor to participate in the 2025 CCCC’s and TYCA Conference and acknowledge NCTE holds no liability for this educational experience.

Signature of Parent or Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Parent or Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IF PARTICIPANT IS ATTENDING WITH THEIR SCHOOL/TEACHER:**

By my signature below, I confirm that I am authorized to provide consent on behalf of the student’s parent or guardian. I irrevocably consent to and authorize the use of any and all images, video, audio of or related personal information collected from the minor on or about the date of April 9-12, for any purpose whatsoever, without compensation to me or to the minor. Any personal information will be subject to NCTE’s Privacy Policy, available at <https://ncte.org/privacy-policy/>. The audio, image, and video files and derivatives thereof shall be the sole property of NCTE unless otherwise specified. Further, I give permission for the minor to participate in the 2025 CCCC’s and TYCA Conference and acknowledge NCTE holds no liability for this educational experience.

Signature of Teacher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Teacher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Information:**

I have indicated below any permanent or temporary medical or other condition(s), which should be known about my child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree that in the event of an emergency injury or illness, the staff member(s) in charge of the program may act on my behalf and at my expense in obtaining medical treatment for my child.

In an emergency I can be reached at this phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Contact: Name & Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Revised 03-10-2025**