GaSTC Student Consent Form

Must be completed by EVERY participant. Do not list information for more than one student. Team members must complete separate forms. Present at registration to receive a packet.

Your child has qualified for the Georgia Student Technology Competition (GaSTC), produced by the Georgia Educational Technology Consortium® (GaETC). The Georgia Educational Technology Consortium® is requesting that photographs be taken of students at the Georgia Student Technology Competition to be shared on the event website.

In an effort to promote the Georgia Student Technology Competition and publicize its success, GaSTC will be developing promotional photos of students, parents, schools, and districts to tell their stories of how they have achieved their goals or provide alternatives and resources.

☐ I give permission for my child to be photographed, videotaped, and/or be interviewed for stories, articles, and documentaries that may be produced to promote our school, the school systems, and the Georgia Student Technology Competition as it relates to promoting education technology throughout the state of Georgia.

☐ I do not give permission for my child’s likeness to be used.

PLEASE PRINT

Student’s Name: _____________________________________________________________

Student’s Grade and School: ____________________________________________________

Parent/Guardian Name: ________________________________________________________

Parent/Guardian Signature: ______________________________ Date: ________________