



FAMILY AND STUDENT CONSENT/ RELEASE FORM

A. Media Consent and Release

This consent authorizes DuPage County ACT-SO to use video recordings or photographs taken in connection with local and national ACT-SO activities, events and competitions for purposes including, but not limited to, broadcast, duplication, distribution, recruitment, or educational initiatives, in perpetuity.

The DuPage County ACT-SO program (B.A.S.E.) retains sole discretion regarding editing of any video recording or photograph for program incorporation. Additionally, all rights to compensation are expressly waived for the use of the student's name, likeness, image, and/or voice in these materials.

B. Consent for Participation in Surveys

Permission is granted to administer surveys for all aspects of program development. All evaluation materials collected will be utilized for statistical and evaluative analysis, ensuring that students' names or any identifying information remain confidential. Survey content can be provided upon request.

C. Photo/Voice Project Consent and Release (**Applicable only for b-unity students**)

Permission is granted to participate in Photo/Voice Projects for research or data collection, including use of photographs in print or electronic displays for promotional purposes. The project may cover sensitive topics. Photos may be used by DuPage County ACT-SO (B.A.S.E.) and/or b.unity. *b.unity will also provide an additional Photo/Video Release form.*

Furthermore, the student expressly waives all rights to compensation for the use of their name, likeness, image, and/or voice in connection with promotional activities associated with photo/voice projects in perpetuity.

I hereby affirm that I have carefully reviewed the information provided above, fully understand its content, and consent to the terms specified in the ACT-SO Family/ Student Consent/Release form.

Student name (<i>please print clearly</i>)	Student signature	Date
Accountable Family Member name (<i>please print clearly</i>)	Accountable Family Member signature	Date
Accountable Family Member name (<i>please print clearly</i>)	Accountable Family Member signature	Date