
ORAL HISTORY PARTICIPATION FORM

Yes, my family would like to participate in the _____ History Project, and we have a grandparent/elder who will come to the school for a 15-30 minute interview with his or her grandchild during the week of _____.

Child's name

Grandparent's (or elder's) name

Your phone

Grandparent's phone

Your email

Grandparent's email

Please include your phone so we can contact you with any interview details and your address so we can invite you to the premiere of the video on _____.

CHILD PHOTO/VIDEO/AUDIO RELEASE FORM

EVENT: _____

DATE: _____

PARTICIPATING GROUP(S): _____

I understand that my child and his or her participating grandparent or elder will be photographed, video-, or audio-recorded during a project or event sponsored by the group(s) listed above – and that the resulting product may be used without limitation as to time. Each sponsoring group and its partner groups have my permission to use my child's voice and name, and any footage and/or photograph, in which my child appears for whatever use they deem necessary.

Parent or Guardian Name
(Please print.)

Parent or Guardian Signature