



Teen Dating Violence Awareness Video Permission Form

I, _____ (Parent / Legal Guardian), give permission for
_____ (Student) to attend and participate in the filming of this project.

I understand it is my responsibility as the parent / legal guardian to provide or arrange
transportation to and from LeapYear Studios (201 East 5th St. Suite 320 , Mansfield, OH
44902). In the event of an emergency I can be contacted at _____
(Phone Number).

This short film will be premiered at our Expressions of the Heart: Teen Dating Violence
Awareness Art & Poetry Juried Contest on February 27, 2024. The film will also be used in
promotional efforts, social media posts, film festivals, etc. by The Domestic Violence Shelter,
Inc. and LeapYear Studios.

Please checkmark:

- I give permission for my child to be filmed
- I give permission for my child's voice and likeness (not face) to be used in the film
- I give permission for my child's name to be used in the credits of this film
- I DO NOT give permission for my child to be filmed
- I DO NOT give permission for my child's voice and likeness (not face) to be used in the
film
- I DO NOT give permission for my child's name to be used in the credits of this film

Parent / Legal Guardian Name: _____

Parent / Legal Guardian Signature: _____

Date Signed: _____