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**UWT Project TELL EQUITY Grant Webpage/Facebook**

**VIDEO/PHOTOGRAPHY CONSENT RELEASE FORM**

*Family Projects: Bilingual Picture Book or Videotape an Interview*

*with a ML Community Member*

Dear Participant:

The University of Washington-Tacoma invites your participation in one of the Family Projects—Bilingual Picture Book or Videotape an Interview with a ML Community Member. These projects are part of the **UWT Project TELL-EQUITY Grant** in partnership with Federal Way School District, Puyallup School District, and Warden School District. The projects’ purpose is to increase public awareness about the benefits of fluency in more than one language as well as to show the coordination of language development between home and school.

**Bilingual Picture Book**

This project includes elementary school students and their families creating a short family picture book that is written in their native language as well as in English. Many K-5 students as well as adults in our service area come from a rich oral tradition with tales passed from generation to generation. Some have experienced the hardships of war and exile. Their contacts with extended families, lands, and cultural roots have been severed. This bilingual picture book may help individuals to retain some of their heritage by allowing individuals to share their stories in their native languages with which their identity is tied.

**Videotape an Interview with a ML Community Member**

This project includes middle school students with the help of their parents interviewing a community member to discuss the positive life outcomes and societal impact of their rich linguistic capacity. The videos of these interviews will be posted on the Project TELL-EQUITY’s webpage allowing the public to view.

We are asking your permission for your child to participate in the Family Project as well as your consent to post the completed projects on the Project TELL-EQUITY’s webpage. We appreciate your support. If you have any questions, feel free to contact Dr. Belinda Louie, Project TELL-EQUITY Director at UW Tacoma/email [blouie@uw.edu](mailto:blouie@uw.edu) or Karlyn Davis-Welton, Project TELL-EQUITY Grant Coordinator at UW Tacoma/email [kdw26@uw.edu](mailto:kdw26@uw.edu).

Respectfully,

Dr. Belinda Louie

Dr. Karlyn Davis-Welton



Video/Photograph Consent & Release Form

Without expectation of compensation or other remuneration, now or in the future, I hereby give my consent to UWT Project TELL-EQUITY Grant, its affiliates, and agents, to use my image and likeness and/or any interview statements from me in its publications, advertising, or other media activities (including the Internet).

This consent includes, but is not limited to:

(a) Permission to interview, film, photograph, tape, or otherwise make a video reproduction of me and/or record my voice.

(b) Permission to use my name; and

(c) Permission to use quotes from the interview(s) (or excerpts of such quotes), the film, photograph(s), tape(s) or reproduction(s) of me, and/or recording of my voice, in part or in whole, in its publications, in newspapers, magazines and other print media, on television, radio and electronic media (including the Internet), in theatrical media and/or in mailings for educational and awareness.

This consent is given in perpetuity and does not require prior approval by me.

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

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

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

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

The signed parent or legal guardian of the above-named minor child hereby consents to and gives permission to the above on behalf of such minor child.

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

**Signature** of Parent or Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*The following is required if the consent form has to be read to the parent/legal guardian:*

I certify that I have read this consent form in full to the parent/legal guardian whose signature appears above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**  **Signature** of Organizational Representative or Community Leader