

Audio permission form

Please submit one form per student by the start of the tournament

I hereby give my permission, as the parent/legal guardian of the participating student named below, for the audio recordings of this student during debate tournaments. I understand that the use of this audio will only be used to ensure that students accurately represent the material they read during debates. Participants who are recorded may require that the recording be deleted after the judge has rendered a decision and ethics charges were not raised during the debate.

For Minors (students under 18):

Student Name:

School:

Parent/Legal Guardian Printed Name:

Parent/Legal Guardian Signature: _____

Date:

Email:

Phone:

For Students 18 and Older:

Student Name:

School:

Student Signature: _____

Date:

Email:

Phone:

Please return the form to pacedebate@gmail.com or fax 425-740-9130.