



AMERICAN
PSYCHOLOGICAL
ASSOCIATION

PARENTAL CONSENT FORM

I (We) _____ (Parent's Name) hereby certify that I am the parent and/or lawful guardian of _____ (name of child). I (We) understand the American Psychological Association (APA) will use a video of/made by _____ in the APA PsycShorts psychological science video festival & competition (PsycShorts) in the manner described in the Terms and Conditions for PsycShorts (T&C) (available at: <https://www.apa.org/news/apa/2018/video-contest-rules>).

I (We) do hereby give the APA permission to utilize the video recording in the manner described in the T&C. I (We) understand that neither I (We) nor the child shall receive any monetary remuneration for the use of this video. This release applies to video recordings collected as part of the PsycShorts initiative only. By signing this release, I acknowledge that I have completely read and fully understand the release and agree to be bound thereby.

Parent/Legal Guardian Signature

(Print Name)

Date: _____

Address: _____

City: _____

State: _____

Phone: _____