



# FCCLA STAR EVENTS TOWARD NEW HORIZONS PARTICIPANT AUTHORIZATION FORM

*This form is required of all FCCLA members participating in this STAR Event.*

Missouri FCCLA, and the Missouri Department of Elementary and Secondary Education (DESE), Office of College and Career Readiness, may include appropriate images and identifying information of students, educators and community partners on its website or within its print or electronic educational and/or promotional materials focusing on family and consumer sciences education. Parent/guardian permission is needed for Missouri FCCLA or DESE to use the image for students under the age of 18, and individual permission is needed for those age 18 and older.

During the regional/state STAR Events competition, photographs may be taken of participants and their work. Images used in submission of events may also be used for promotional purposes.

As legal guardian of \_\_\_\_\_ I hereby grant permission to Missouri FCCLA and Missouri DESE to use and/or publish images, likenesses, and related information in whole or in part. This is to include print, electronic, web and/or various media for an indefinite period of time. Reasonable adjustments may be made to images, materials, and formats for purposes of editorial, layout and delivery need. Permission is granted, although not obligated, to identify the student/myself in connection with the information.

We understand the images and information posted to DESE’s website can be seen and copied by anyone with access to the internet from anywhere in the world.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Parent/Guardian or Participant (if over 18))

### ***Participant Authorization***

I hereby certify that I am a national, state, and regional affiliated FCCLA member for this school year, and that my advisor has provided me with verbal and written instructions regarding personal conduct, rules, and procedures for my event area and the information on the entry form is accurate. **If selected to represent my region, I will participate in state STAR Events and attend the State FCCLA Leadership Conference.**

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Event Participant)

### ***FCCLA Advisor Authorization***

I hereby certify that the FCCLA member listed on this application has been authorized to represent our chapter as a participant, has received both written and verbal instructions concerning personal rules of conduct at the STAR Events, and has received instructions on the rules and procedures pertinent to the event area.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Participant’s Advisor)

### ***Parent, Guardian Authorization***

I agree not to hold Missouri FCCLA or the Missouri Department of Elementary and Secondary Education, or any of its agents liable for any accident caused by poor judgment of the student or for illness or injury to my son/daughter during participation in authorized FCCLA activities, including STAR Events, and necessary travel to and from activity sites.

I understand that to be eligible to participate in the Toward New Horizons event, my child must be a child with a disability as defined in the Individual Disabilities Act of 2004. By signing this authorization I am giving permission for my child’s name to be published as a participant in this event.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Event Participant’s Parent/Guardian)

In emergency, call Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

### ***Administrator Authorization***

I have been informed of the STAR Events activities, and I support the participation of said participant in activities.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature and Title of School Administrator)