

# 2024 Permission Slip

## Weber State University Storytelling Festival

Dear Parent/Guardian,

Congratulations! Your student has been selected to participate in the Weber State University Storytelling Festival held **February 26-28, 2024**. The schedule of events for the Festival is being finalized. Your student's exact time and place will be provided later.

**Please initial, complete, and print to sign and date the form where indicated.**

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### Required – The following are required for your student to participate.

\_\_\_\_\_ A parent/guardian must provide transportation for the student to and from the Ogden Weber  
Initials State Campus on the assigned date and time.

\_\_\_\_\_ A parent/guardian must accompany the student while at the Festival. There will be no  
Initials participation costs for students or parents.

\_\_\_\_\_ You must take responsibility for your student's conduct and safety (including health and accident  
Initials insurance to ensure any medical or accident problem would be covered).

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### Optional – The following are optional and are not required for your student to participate.

\_\_\_\_\_ You permit us to collect data before, during, and after the youth story coaching sessions so the  
Initials Festival could assess the effectiveness of the training and thereby improve the overall experience.

\_\_\_\_\_ You release Weber State University Storytelling Festival, its employees and volunteers, from  
Initials any claims arising in connection with the use of any part of the final story product, including but not limited to any claims for defamation, libel, invasion of privacy, plagiarism, or right of publicity.

\_\_\_\_\_ You allow your contact information to be added to a student teller database so the Festival can  
Initials keep in touch about the annual Youth Teller Reunion or other Festival events.

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**Student's Name:**

**Grade:**

**Student's School:**

**Student's Teacher:**

**Title of Story:**

**Story's Author:**

**Parent's/Guardian's Name (Please Print):**

**Parent's/Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Email:**

**Phone:**

**Email the completed form to your student's district storytelling representative:**

**Davis - Selena Campbell (secampbell@dsmail.net)**

**Weber - Kim Irvine (kiirvine@wsd.net)**

**Ogden - Shannon Johns (johnss@ogdensd.org)**

**Morgan - Melissa Carter (mcarter@morgansd.org)**