

AAPPL Video Audition Parent Permission Form

Dear Parents/Guardians,

[ACTFL](#), in conjunction with its video production contractor [Sapling Pictures](#), is seeking native or heritage speakers of world languages for ACTFL's Assessment of Performance toward Proficiency in Languages ([AAPPL](#)). As part of the audition process for the role (see casting call for description and details), we are requesting that candidates submit a video file in which they record themselves speaking the sample language script. For minors (under the age of 18), we kindly request that a parent or guardian acknowledge their support and give permission to their child to submit the requested materials.

Please complete this form in its entirety and include it with the submission of the video audition file. As part of the submission process, the video audition file will be uploaded to a private and password protected Dropbox. As part of the security, files may only be uploaded; they are not visible to the actor submitting the materials. Please note that audition files will be discarded if not accompanied with this signed parent permission form.

As a parent/legal guardian of _____, I grant permission for him/her to
(Print Child's Name)
provide a video audition and requested materials to be considered for the role of a video chat partner in the AAPPL 2022-23 Production project.

(Initials) I acknowledge that I have read and understand the description of the video chat partner actor role, and I support my child's intent to audition for this role.

(Initials) I understand that the video audition file will be uploaded to a private and password-protected Dropbox location, and that the video recording will not be shared with anyone outside of ACTFL and Sapling Pictures, its video production contractor.

(Initials) I understand that the video audition file will be destroyed/ deleted at the end of the AAPPL Development Project.

(Initials) I understand that, if my child is selected for the role, I will:

- 1) need to be present during a one-hour online rehearsal with my child and the language expert (Quality Assurance Advisor), and
- 2) be responsible for accompanying my child to ACTFL headquarters for filming (approximately 2-3 hours).

(Print Parent/Guardian's Name)

(Parent/Guardian Signature)

(Date)

(Email address)

(Contact Telephone Number)