

Participant Consent Form – FORM O (Revised Feb 2018)

This form must be completed by a parent or guardian if the participant is under 18 years of age and by the participant if he/she is over 18 years of age.

Name of Studio/Group: _____

Name of Participant		Male or Female	
Address of Participant		Telephone and mobile number	
Postcode		Date of Birth	

PHOTO AND MEDIA CONSENT *Please delete as applicable:*

I agree/give permission for my son/daughter/young person in my care to take part in IFDPA. I understand that this will involve having photographs and/or film footage taken which may be used for marketing purposes, on websites managed by the Take Us 2 The Magic and partners, in publicity materials and for the press.

STATEMENT:

I understand the information given above and give consent to the Photo and Media section.

Signed _____ Participant or Parent/Guardian

Date _____