

## Media Consent Release Form

This form serves the purpose of informing us of your media consent.

Please use BLOCK CAPITALS to fill in the spaces below

Entrant Details	
First name:	Surname:
Username:	College:
Home Address:	
Media Consent	
<b>Terms:</b> By accepting these terms, I agree the individual hereby release Student Robotics, its agents, employees and of every nature and kind arising out of or connected with consent for Student Robotics to use the images and soun manner and context and in conjunction with such sounds, includes, but is not limited to, publishing them electronical	d successors from all claims, demands and causes of action n any and all such recordings and photographs. I give my ds, to store, reproduce, publish and broadcast them in the , images and captions as Student Robotics deems fit. This
The individual named above will be permitted to attend Tickets are required on the door, and media consent is ne	· · · · · · · · · · · · · · · · · · ·
Privacy Policy Student Robotics use your name and email address to creand to notify you about arrangements for the competiti (non-digitally) for as long as we distribute media recorded to any third parties.	ion. If you grant media consent, we will store this form
For those aged 18 or over:  I, the above-named person, am over the age of 18 and have read and understood the terms set out above.	For those under the age of 18: I am a parent/guardian of the above-named person and have read and understood the terms set out above.
Do you grant media consent?	Do you grant media consent on their behalf?
Yes □ No □	Yes □ No □
Signature:	Your name:
Date:	Signature: