

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	
hereby release Student Robotics, its agents, employees an of every nature and kind arising out of or connected with consent for Student Robotics to use the images and soun	al named above may be recorded and photographed, and d successors from all claims, demands and causes of action 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 ally on DVD and on the Internet.
The individual named above will be permitted to attend Tickets are required on the door, and media consent is no	the competition if and only if media consent is granted. ecessary for said ticket to be generated and downloaded.
Privacy Policy	
Student Robotics use your name and email address to cre	eate an account for you to access our online services with, i. If you grant media consent, we will store this form for as events. No details will be passed on to any third parties.
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:
	Date: