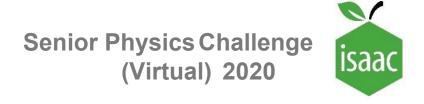
## **Consent Form**



## To be completed and returned by the student's teacher

| I agree that my student, name of student Challenge, held by the University of Cambridge, for - 2 July, 2020. | •                                   |
|--|-------------------------------------|
| Teacher countersignature:  | Date:                               |
| Name of teacher:   |                                     |
|  |                                     |
| Please return the teacher consent form to:   |                                     |
| Mr David Taylor, Cavendish Laboratory, University of Cambr   | idge: david@isaacphysics.org        |
| (return a mobile phone photo of signed print out, or fill out electronical                                   | ly and paste a signature into form) |