



STUDENT CONSENT FORM

I _____ (student name) consent Sarojini Damodaran Foundation (i) to publish my photograph with newspaper, social media, website, Vidyadhan booklet, videos and other communication channels, (ii) use my name in connection with such recordings in any medium for example print publications, video, internet, etc. for promotional, advertising, educational and/or other lawful purposes. I release and waive any claims or rights of compensation or ownership regarding such uses and understand that all such recordings shall remain the property of the Sarojini Damodaran Foundation. I certify that am 18 years of age or older or that my parent/guardian has signed below.

- I understand that I can revoke the consent by informing the Sarojini Damodaran Foundation of the same, after which they will not further use it.

Name of the Participant:

Participant Signature:

Date:

Phone Number:

Email: