

This form serves the purpose of informing us of your media consent. This is not a ticket.

Please use BLOCK CAPITALS to fill in the spaces below

Entrant Details	
First name:	Surname:
Username:	College:
Event:	
Home Address:	
Media Consent	
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	all named above may be recorded and photographed, and disuccessors 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.
Tickets are required on the door, and media consent is ne	ecessary for said ticket to be generated and downloaded.
Privacy Policy	
and to notify you about arrangements for the competition Once signed, this form will be stored securely by Studen	t Robotics for as long as we distribute media recorded at ne deletion of any personal data as per the General Data
For those aged 16 or over:  I, the above-named person, am over the age of 16 and have read and understood the terms set out above.	For those under the age of 16: 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: \_\_