



## CONSENT FORM

### DECLARATION BY GUARDIAN/PARENT FOR PERMISSION TO FILM AND PHOTOGRAPH DURING THE COLLEGE AWARENESS WEEK NOVEMBER 18-24, 2024.

1.I \_\_\_\_\_, parent/guardian of \_\_\_\_\_ hereby declare that I give the College Awareness Week Project permission to document their event through film and / or photography, and to use my child's image and creative work for documentation, research and publicity purposes which may include social media.

2.I agree that any copyright which may exist in such Film or photography will belong exclusively to College Awareness Week and I waive any right (including moral rights) that I may have to inspect and/or approve the finished product or products or the editorial, advertising, or printed copy that may be used in connection therewith and any right that I may have to control the use to which said film, photographs or, copy may be applied.

3.I understand that such film and photographs will be used by College Awareness Week only and will not be transferred for use to any third parties without my express consent.

Signature: .....

Name: .....

Address: .....

Date: .....

Contact Telephone: .....