



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:** \_\_\_\_\_

**College and TLA (if applicable):** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

\_\_\_\_\_

## Media Consent

**Terms:** By accepting these terms, I agree the individual named above may be recorded and photographed, and hereby release Student Robotics, its agents, employees and successors from all claims, demands and causes of action of every nature and kind arising out of or connected with any and all such recordings and photographs. I give my consent for Student Robotics to use the images and sounds, to store, reproduce, publish and broadcast them in the manner and context and in conjunction with such sounds, images and captions as Student Robotics deems fit. This includes, but is not limited to, publishing them physically on posters and electronically on the Internet.

## Privacy Policy

Once signed, this form or a copy thereof will be stored securely by Student Robotics for as long as we distribute media recorded at the specified event. You have the right to request for the deletion of any personal data as per the UK General Data Protection Regulation (UK GDPR). No details will be shared with any third parties.

### 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.

Do you grant media consent?

Yes  No

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### 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 on their behalf?

Yes  No

**Your name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_