**

**Parent/Guardian consent form\***

**Permission for use of photographs, video/film and sound recordings of children, young people and vulnerable adults taken by Murray Edwards College at or for the Activity/Event**

**Activity/Event:**

**Date and Time of the Activity/Event:**

**Activity/Event Organiser, Contact Details:**

I consent for my child or vulnerable adult in my legal charge (named below) to take part in the Activity/Event at Murray Edwards College (‘College’).

Also, for my child’s or vulnerable adult’s participation in and support and material provided for the Activity/Event by the College, I consent to the following:

1. I give permission to the College and those authorised by the College to take images of and/or record my child or vulnerable adult in my legal charge at or for the Activity/Event by photograph and/or video/film and/or sound recording (‘Recordings’).
2. I grant to the College the right and the right to authorise others to make the Recordings available across all platforms and all media (in whole or in part, transcribed or otherwise) in perpetuity throughout the world for the non-commercial educational and promotional purposes of the College, such uses including but not limited to print and online publication and broadcast, e.g. in websites and social media sites such as YouTube, Facebook and Twitter.
3. The information provided in this form is to be used as described above and is managed and stored by the College with my consent.

\*  **Parental/Legal Guardian permission and consent is required for:**

**a ‘child’ – a person under the age of 18;**

**a ‘vulnerable adult’ - a person aged 18 or over whose ability to protect himself or herself from neglect, abuse or violence is significantly impaired on account of disability, illness or otherwise.**

**Name of Child / Vulnerable Adult:** …………………………………………………………….

**Name of Parent / Guardian:** ……………………………………………………………………….

**Signature of Parent / Guardian:** …………………………………………………………………

**Postal Address / Phone / Email**:

**Date:**

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