

[approved University identifier]

**PARENT/ LEGAL GUARDIAN CONSENT/RELEASE FORM *:
PHOTO / VIDEO / FILM / SOUND RECORDING**

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

a 'child' – a person under the age of 16;

a 'vulnerable adult' - a person aged 16 or over whose ability to protect himself or herself from neglect, abuse or violence is significantly impaired on account of disability, illness or otherwise.

EVENT/ACTIVITY/PROJECT TITLE: _____

DATE AND TIME OF EVENT: _____

EVENT ORGANISER / PHOTOGRAPHER or RECORDIST NAMES and CONTACT DETAILS:

1. In consideration of the opportunity to take part in the above EVENT I hereby give permission and all necessary consent to the University of Cambridge ('the University') and those authorised by the University to record my child or the vulnerable adult in my legal charge (named below) at the above EVENT by photograph and/or video/film and/or sound recording ('**Recording/s**') and

I agree that for educational / promotional purposes the University may use the Recordings (in whole or in part, transcribed or otherwise) throughout the world for the full period of copyright, including all renewals, reversions, extensions and revivals of such period, in the following ways:

- a) copy, reproduce, digitise, broadcast, transmit, rent, lend, perform and exhibit the Recordings in University internal archives and databases and communicate and make the Recordings available to the public in all media, including but not limited to print, on DVD or other digital media and on the Internet at University websites and University-affiliated websites; and
- b) distribute the Recordings to the press, media organisations and other interested parties for publication, transmission, broadcast or dissemination otherwise in all media.

2. The information provided in this form is used for the administration of the EVENT described above and is managed and stored in accordance with the UK Data Protection Act 1998 <http://www.admin.cam.ac.uk/univ/information/dpa/>. For data storage purposes, the University may store electronically the information and Recording/s outside the European Economic Area (EEA).

3. This Consent/Release Form shall be governed in all respects by English law.

NAME OF CHILD / VULNERABLE ADULT:

NAME OF PARENT / LEGAL GUARDIAN:

SIGNATURE OF PARENT / LEGAL GUARDIAN:

ADDRESS:

TELEPHONE/EMAIL:

DATE: