

Media Consent Form: Child's Permission

PARISH NAME: _____

Data Protection: This form will be held on file in accordance with the data protection policy of the Diocese of Galway, Kilmacduagh and Kilfenora. The data entered will be used only for the purpose indicated on this form. It may only be accessed by those who have responsibility for managing files or activities.

Consent of Child or Young Person

I _____ [first name and surname] would like to take part in
_____ [name of event] on _____ [date of event].

If relevant please tick the boxes below.

- I understand that photographs may be taken during the event, and I give my permission for these to be used in any hard copy/online [delete as appropriate] publications by the Church body.
- I understand that videos may be taken during the event, and I give my permission for these to be used in any hard copy/online [delete as appropriate] publications by the Church body.
- I understand that updates may be posted on the Church body website and/or social network sites during the event, and I give my permission for my image/videos of me [delete as appropriate] to be used.
- I understand that recorded material from this event, in audio or video form, may be used as an online ministry resource by the Church body, and I give my permission for this.

Consent of Parent/Guardian

I agree to allow the above-named child/young person to attend the above-named event during the period:

_____ [insert start date and time] to _____ [insert end date and time],

in accordance with the permission granted above by _____
[insert name of child/young person].

Signed: _____ Name [BLOCK LETTERS] _____
[GUARDIAN] [GUARDIAN]

Relationship to child/young person: _____

Signed: _____ Dated: _____
[CHILD/YOUNG PERSON]