University of Strathclyde

Media Consent Form **Project**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Project coordinator**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  |  |
| --- | --- |
| **Print Name** |  |
| **Signature**  |  |
| **Date** |  |
| **Please also complete for under 18s**I (name of parent/guardian below)

|  |  |
| --- | --- |
| **Print Name** |  |

I consent to images/recordings being taken of (name of child below) for use by the University of Strathclyde as detailed above.

|  |  |
| --- | --- |
| **Child’s Name** |  |
| **Signature**  |  |
| **Date** |  |

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15 May 2019