

bloodfest

PARENT / GUARDIAN PERMISSION FORM

Dear Parent / Guardian,

I am seeking your permission to allow your child to take part in BLOODFEST KIDS HORROR FILM FESTIVAL where your child may be photographed, videoed and/or recorded for the purposes of making a short film to enter into Bloodfest.

The communications in which the photographs/s, video and/or recording of your child may be published include:

- Bloodfest's official website;
- Bloodfest media releases and print advertising.

Parents should be aware that when information is published on public websites, it can be discoverable online for a number of years, if not permanently. Search engines may also cache or retain copies of published information. Published information can also be linked to by third parties.

Please complete the permission slip below and return it to me.

Yours sincerely,

Teacher Name (Print):

Date:

School Name:

Permission to Publish

I have read this permission to publish and:

Tick the appropriate box:

I give permission

I do not give permission

to the above named School to take and use photograph/s, video and/or recording of my child as described above, including in publicly accessible communications. This signed permission remains effective until I advise the School otherwise.

Child's name:

Parent/guardian name (please print):.....

Parent/guardian signature:

Date: