

STEMtacular – Consent Form

The following is to be completed by the person with parental responsibility for the child participating in STEMtacular

I, the parent/legal guardian of _____ (child):

School Name: _____

Class

Year: _____

- Agree that my child's information, photographs and video as set out in the guidance note to be potentially used by STEMtacular
- Agree that STEMtacular may share photographs and video including my child with their sponsor, and other carefully selected partner organisations in printed, online or electronic publications, which may be shared publicly to promote and publicise STEMtacular
- I understand that I and/or my child do not own the copyright or have any rights of ownership or other claims over the photographs, video or audio recordings, quotes and information about me or the child for whom I have parental responsibility.
- I understand that any information about the child for whom I have parental responsibility will be kept securely and will only be used for the stated purposes. However, STEMtacular cannot guarantee or be held liable for use of this information or image by a third party.
- I understand that I can withdraw consent at any time by contacting STEMtacular. If I withdraw consent, STEMtacular will no longer use any information provided previously. However, I understand that it will not be possible to recall/retrieve published materials that already include my child's information.

- I understand that STEMtacular may be of public and media interest and therefore may be subject to audio and visual recording and photography by third parties including media outlets and broadcasters. When attending STEMtacular, which is a public event, there is a reasonable expectation that staff, volunteers, participants and visitors may be photographed and recorded in video footage and that these images and recordings may be published by third parties including media outlets and broadcasters.
- This consent, unless withdrawn, applies for three years from 27th February 2024.

Consenting parent's / legal guardian's name: _____

Signature: _____

Date: _____

If you have any queries please contact stemtacularschools@gmail.com