



CONSENT FORM FOR CHILDREN'S PROGRAMME ON SUNDAY 09/09/2018

Please complete all available details in CAPITALS and return the form to Mandir

CHILD DETAILS

Surname: First Name:
 Date of birth: / /

PARENT / GUARDIAN DETAILS

FATHER

MOTHER

Surname: Surname:
 First Name: First Name:

CONTACT DETAILS

Mobile: Mobile:
 Home:
 EMAIL:

HOME ADDRESS

AddressLine1:
 Town: County:
 Post Code:

DECLARATION

I _____ the parent / guardian of the child named above consent and agree for the child to take part in Children's Programme. In consideration of permitting the child to take part hereby consent for any type of recording (including but not limited to filming, video and/or audio recording or any form of recording) at the full discretion of RAMA or such duly authorised person/s.
 I consent to copy the work, rent, lend or issue copies of the work to the public, perform, broadcast, upload on any digital media, webcast or show the work in public, adapt the work (without any entitlement to fees or costs). I waive any copyright.

TICK Please tick the box for your consent under General Data Protection Regulation (GDPR)
 Read the Privacy Policy at <http://www.jalarammandir.co.uk/DATA/GDPR/01PrivacyPolicyV1updated22-05-2018.pdf>

I consent to receive communication from the Mandir/Bapa's Youth by email, post, sms, social media and telephone.

Signed: _____ Date: _____ / _____ / _____

Name (IN CAPITALS): _____

NB: RAMA reserves full rights of entry and will not enter into any correspondence

PLEASE COMPLETE THIS FORM, SCAN AND EMAIL IT WITH A PHOTO OF THE CHILD AND BHAJAN LYRICS TO:
jalarambhajans@gmail.com