Manchester United Foundation Consent Form

PROJECT:	SEASON:
For office use only	



Personal details of participant		
FORENAME(S):	SURNAME:	
DATE OF BIRTH:	AGE:	GENDER:
SCHOOL:		SCHOOL YEAR:
	DICAL CONDITIONS: None	ecify)
Terms and Conditions The Foundation explicitly excludes any and all liability other than that	t which cannot be excluded by law.	
Manchester United Data Protection Notice Manchester United Foundation uses the information provided in this of each participant and their contact details and to administer and evidetails please see the Manchester United Foundation privacy policy aris registered as a Data Controller with the Information Commissioners. By signing below, I confirm that the person referred to in this for by Manchester United Foundation. I have read and agree to the SIGNED (parent/guardian or participant if 18 or over) PRINT NAME: Image Permission Occasionally we may take pictures and allow filming for publicity pur Foundation, any companies which are part of the Group and/or any publish images of you (if over 18) or your child (if parent/guardian).	aluate the relevant course the partic vailable at www.mufoundation.org. It is Office, reference Z152354. Im as the participant can take participant can take participant and the Date of	ipant is taking part in. For further Manchester United Foundation tin the activities arranged ata Protection Notice. The to permit Manchester United and I footage and we are entitled to use
them (and allow others to use them) for any purpose provided that simage is used. Consent is also given for yourself or those under 18 to be interviewed All such materials may be shared within the Group and/or with our p Foundation Privacy Policy - http://www.mufoundation.org/PrivacyPoinformation of children who are subject to family, care or legal process.	and their comments to be broadca artners and will be held and used in licy. As part of our safeguarding polic	st or used in promotional materials. accordance with Manchester United
Contact details of parent/guardian (or participant if 18	or over)	
NAME:		
RELATIONSHIP TO PARTICIPANT:		
ADDRESS:		
	POSTCODE:	
EMAIL:		
EMERGENCY CONTACT 1 NAME:	CONTACT NUMBER:	
EMERGENCY CONTACT 2 NAME:	CONTACT NUMBER:	
Image Consent Opt Out Please tick the boxes below if you <u>DO NOT</u> give permission for: The taking and/publication of images of myself (if over 18)	or my child (if manage / manage / manage)	set out above

For myself (if over 18) or my child (if parent/guardian) to be interviewed and comments to be broadcast or

used in promotional material as set out above.