**Consent Form**

**CAPPA TY Physics and Maths TY Programme 2024**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Contact Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School:\_\_\_\_\_\_\_\_\_\_\_\_\_

Ty Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ty Coordinator Contact Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENTAL ENDORSEMENT FOR MINOR**

I, (print full name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_, being the parent or guardian of the above named minor confirm the permissions to contact the organizers regarding the CAPPA TY Physics & Maths Programme.

Signature of Parent or Guardian: \_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENTAL ENDORSEMENT FOR PHOTOGRAPHY FOR MINOR**

I, (print full name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, irrevocably and unconditionally (a) grant permission to the Centre for Advanced Photonics & Process Analysis (CAPPA), to make available to the public all and/or any part of any photograph of my child and/or made by it or at its request or direction, and/or any adaptation of any such photograph, and/or any copy of any such photograph or adaptation; and (b) waive all right to payment and other compensation in connection with any such making available; and (c) waive all of my rights (if any) under Section 114 of the Copyright and Related Rights Act, 2000, as amended from time to time (and, to the fullest extent permitted by applicable law under all like provisions throughout the world) in connection with any and all such photographs.

I, (print full name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, being the parent or guardian of the above named minor confirm the permissions and waivers given by that person pursuant to this Release.

Signature of Parent or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For further information, please contact:**

**TYprogramme@cappa.ie**