

Consent Form

Innovate Generation CIC

Participant Name: _____

Date of Birth (if under 18): _____

Parent/Guardian Name (if under 18): _____

Contact Email/Phone: _____

Consent for Participation

I hereby give my consent to participate in the activities, workshops, or events organized by **Innovate Generation CIC**. I understand the nature and purpose of these activities and acknowledge that I take part voluntarily.

Consent for Photography and Media Use

I give permission for photographs, videos, or audio recordings of me/my child to be taken during the activities. I understand that these materials may be used for promotional, educational, or documentation purposes on websites, social media, printed materials, or funding applications.

☐ **Yes**, I give consent

☐ **No**, I do not give consent

Data Protection (GDPR)

I understand that Innovate Generation CIC will store my personal information securely and only use it to communicate about this and related events. My data will not be shared with third parties without my consent.

☐ I agree to the use of my data for this purpose

☐ I would like to be added to the mailing list for future updates/events

Medical Information (Optional)

Please list any relevant medical conditions or allergies we should be aware of:

Emergency Contact Name & Phone: _____

Declaration

I confirm that I have read and understood the information above. I voluntarily give my consent.

Signature of Participant: _____ **Date:** _____

Signature of Parent/Guardian (if under 18): _____ **Date:** _____