



Print your name:	
Print School Name and Class:	
Address:	
Telephone number:	
Email address:	

I confirm that I have photo permission for all children being photographed from the above class.

I hereby consent to Aberdeen Science Centre using sound and video recordings or photographs of the pupils in my care made during their visit to the Science Centre on the date signed for promotional or educational purposes in material distributed by Aberdeen Science Centre. This includes my consent for the use of sound and video recordings or photographs of the children in my care for public screening, broadcast, webcast, and publication (including newspapers, press releases and website).

Signed: _____

Date: _____

Office use only Event/workshop details: _____ _____
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