

Chiswick Brass Festival – Parental Consent Form

Participant Information

Participant Name: _____

Date of Birth: _____

Parent/Guardian Name: _____

Emergency Contact Number: _____

Medical Conditions (if any): _____

Allergies (if any): _____

Photography & Video Consent

- I consent to my child being photographed/filmed for festival promotion.
- I do not consent to my child being photographed/filmed.

Declaration

By signing this form, I confirm that I give permission for my child to participate in the Chiswick Brass Festival. I acknowledge that I have read and understood the festival's safeguarding policies, which are available upon request.

Signature (Parent/Guardian): _____

Date: _____