**PARENT/GUARDIAN CONSENT**

**FOR ELECTRONIC RECORDING &/OR PUBLISHING**

**School Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Teacher:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Student:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Year Level:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The video recording of the above-named student is being sought for the creation of a promotion video for the Greek Community of Melbourne’s Language and Culture Schools which is going to be played during the Greek Film Festival & 13th Student Film Festival.

This consent is for an indefinite period. Permission is being requested to publish, reproduce, and communicate the above on:

1. The Greek Film Festival
2. The 13th Student Film Festival part of the Greek Film Festival
3. The Education Office of the Greek Embassy in Australia.
4. Educational TV programs on government or private broadcasters and their websites.
5. The Greek Community of Melbourne’s social media and online platforms.

If published, reproduced, and communicated I understand that for privacy purposes the video will be identified using the title of the work, the child’s first name only, his/her year level and school. No other personal information will be published although I accept that my child’s identity may nevertheless be apparent by association to several people.

With reference to the above material, I grant permission to the Greek Orthodox Community of Melbourne and Victoria to use, reproduce, distribute, communicate to the public, publish, publicly perform, publicly display, modify, adapt, translate, upload, download in any form or manner, and incorporate this material into other materials or works in any format or medium for any non-commercial purpose and the right to sublicence those rights. This consent is for an indefinite period.

**Parent/Legal Guardian Name \_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete & sign this form.

Once signed, please return it to the teacher in charge.