

# Company Drinks

## Molecular Fizz Academy: Consent Form

Consent to take part in the Molecular Fizz Academy from February 2019 - April 2019. This programme will consist of 6 voluntary activities outside of school/college/university/employment time and will be facilitated by trained Company Drinks members of staff. All details of these activities will be issued to participants upon being selected for the programme, ahead of the first workshop in February 2019.

**Name/s**

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**Date of birth**

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**Address**

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**Postcode**

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**Phone**

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**E-mail**

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**Name and contact number / next of kin in case of emergency**

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**Signature of parent / guardian if applicant is under 18 years old**

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

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## Molecular Fizz Academy: Medical Form

Tick one:

I am filling this in on behalf of myself because I am aged 18 or over	
I am filling this in on behalf of an applicant who is under 18 years of age	

**Please circle and complete each question as fully as possible.**

Do you have any medical conditions we should know about? YES / NO

If YES, please provide any further details below, including any preventative measures you have taken to participate today:

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Do you have any allergies or ongoing problems (such as back problems, respiratory issues, heart conditions) which may affect you today? YES / NO

If YES, please provide any further details below :

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I declare that :

- I take responsibility for my own health and safety on the day.
- I am aware that this is a series of events facilitated by Company Drinks, and that activities may include travel via public and group workshops in a safe and secure location.

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## Molecular Fizz Academy: Photo Consent Form

Company Drinks would like take photographs/ film/ record you for use in promoting the project and for general non-commercial purposes.

I [name of applicant] \_\_\_\_\_

give permission for images recorded of myself throughout this project to be used as part of the Company Drinks project. I understand that the images will be used to contribute to an art project, and may be included in related exhibitions, publications and may be used for our website/social media or in flyers and posters to promote similar activities.

I understand that I am not to receive compensation for appearing in such photographs, film or sound recordings.

Company Drinks offers a commitment to only allow these pictures and recordings to be used appropriately and sensitively.

Under the terms of the Data Protection Act, 1998, personal details of those taking part and recorded on this form will never be made available to third parties.

Yes, I'm happy for this to take place  No. I don't want my photo taken

**Please tick the correct box:**

I am over 18 and signing this form myself

The person(s) named is under 18 and I am signing as their parent/ carer

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

Signature [applicant or parent/carer]: \_\_\_\_\_