# GIFFONI MACEDNIA YOUTH FILM FESTIVAL

# Parental/Guardian Consent Form for Minors

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| Child’s Information | Parent/ Information:Guardian |
| Name and surname: | Name: |
| Address:  | Name and surname: |
| School: | Phone Number:  |
| Date of Birth: | Email:  |

**Consent Statement:** I, the undersigned, confirm that I have read and understood the Code of Conduct and Safeguarding Policy of the Giffoni Macedonia Youth Film Festival organized by Association for Media Literacy Planet-M Skopje.

I give my consent for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to participate in the workshop.

I acknowledge the importance of safeguarding practices and commit to supporting the program’s efforts to provide a safe and supportive environment for all participants. I understand that any inappropriate behavior or violation of the Code of Conduct by my child may result in disciplinary action.

**Medical Information:** Please list any medical conditions, allergies, or special needs that the program staff should be aware of:

**Photography and Media Consent:** I give my consent for photographs, videos, and other media recordings to be taken of my child during the program’s activities. I understand that these may be used for promotional purposes, including but not limited to social media, websites, and print materials. I waive any rights to royalties or other compensation arising from or related to the use of these images or recordings.

**Privacy and Data Protection:** I consent to the collection, use, and storage of my and my child’s personal data as outlined in the program’s privacy policy. I understand that this information will be used solely for the purpose of managing my child’s participation in the program and will be kept confidential and secure.

Parent/Guardian’s Signature: Date: