


- 7. I give permission for any photographs or filmed footage of me to be used by Weston College Media Department for publicity material
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Data Protection

Weston College/ Entertain UK will control the data you have supplied on this form in compliance with the Data Protection Act 1988. Your personal data will not be disclosed to anyone outside the college or company. The only exception to this is if we think you would come to harm if this information is not shared. E.g. in the case of a medical emergency or accident.

Signature: 

Date: 23/05/18

Director Signature: 

Date: 23/05/18

PERSON CONSENT FORM (over 18s)

NAME: Jimmy Edwards	DATE OF BIRTH: 09/07/00
EMAIL ADDRESS: Jimmy.m.edwards@gmail.com	
PHONE NO: 07712430516	EMERGENCY CONTACT DETAILS:

MEDICAL INFORMATION

ANY ALLERGIES:	N/A
ANY SIGNIFICANT MEDICAL/PERSONAL INFORMATION:	N/A
DOCTOR SURGERY:	N/A


DECLARATION:

1. I agree to participate in the activity and I am over 18 years of age
2. I agree that I am fit to participate and know of no medical reasons or other reasons why I should not participate
3. I consent to any emergency medical treatment that may be necessary if the emergency contact cannot be contacted
4. I understand that I am taking part in this activity at my own risk
5. I agree to comply with my activity provider's instructions whilst carrying out the activity
6. I accept that Weston College/ Entertain UK will not be held responsible for any injury, loss or damage to my property or myself during the activity

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Signature: 

Date: 08/05/18

Director Signature:



Date: 08/05/18

PERSON CONSENT FORM (over 18s)

NAME: BRANDON SHEARIS	DATE OF BIRTH: 27/9/1999
EMAIL ADDRESS: BRANDONSHEARISUK@GMAIL.COM	
PHONE NO: 0753092142	EMERGENCY CONTACT DETAILS:

MEDICAL INFORMATION

ANY ALLERGIES:
N/A

ANY SIGNIFICANT MEDICAL/PERSONAL INFORMATION:
N/A

DOCTOR SURGERY: N/A


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Signature: 

Date: 05/05/18

Director Signature: 

Date: 05/05/18

PERSON CONSENT FORM (over 18s)

NAME: CHRIS MASON	DATE OF BIRTH: 16/07/64
EMAIL ADDRESS: Chris.mason1607@outlook.com	
PHONE NO: 01934 42969	EMERGENCY CONTACT DETAILS:

MEDICAL INFORMATION

ANY ALLERGIES:	N/A
ANY SIGNIFICANT MEDICAL/PERSONAL INFORMATION:	N/A
DOCTOR SURGERY:	N/A

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PERSON CONSENT FORM (over 18s)

NAME: Adam Bassin	DATE OF BIRTH: 30/10/99
EMAIL ADDRESS: adambassin1@sky.com	
PHONE NO: 07460 02226	EMERGENCY CONTACT DETAILS:

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Signature: 

Date: 8/5/19

Director Signature: 

Date: 08/05/18

MEDICAL INFORMATION

ANY ALLERGIES:
N/A

ANY SIGNIFICANT MEDICAL/PERSONAL INFORMATION:
N/A

DOCTOR SURGERY: Milton


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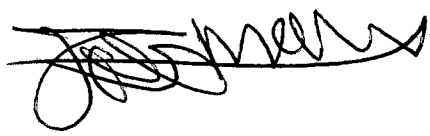
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Signature: 

Date: 08/05/18

Director Signature: 

Date: 08/05/18

PERSON CONSENT FORM (over 18s)

NAME: <i>Morgan Corne</i>	DATE OF BIRTH: <i>8/7/99</i>
EMAIL ADDRESS: <i>Morgan.corne1@gmail.com</i>	
PHONE NO: <i>07568538233</i>	EMERGENCY CONTACT DETAILS: <i>Mother - Karen Corne 07766885223</i>

MEDICAL INFORMATION

ANY ALLERGIES:
no

ANY SIGNIFICANT MEDICAL/PERSONAL INFORMATION:
no

DOCTOR SURGERY: *new heart surgery*

DECLARATION:

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LOCATION PERMISSION FORM

Weston College Media Department request permission to use any footage filmed at the following location:

..... 9 SHRUBBERY TERRACE

In any programme defined as broadcast or non-broadcast or for commercial exploitation by the client.

Weston College Media Dept. undertakes to abide by any directions from the management of the above location with regard to filming positions/health and safety/audience safety.

Weston College Media Dept. undertakes to ensure that all filming will be undertaken in a professional manner taking account of changes during the shooting period as defined below:

Date of location shoot

14th 23rd May 2018

Signed on behalf of Weston College

Date

7/5/18

Signed of behalf of above location

Position

owner

Date

7/5/18



LOCATION PERMISSION FORM

Weston College Media Department request permission to use any footage filmed at the following location:

..... 25 Charlton Road BS23 4HD

In any programme defined as broadcast or non-broadcast or for commercial exploitation by the client.

Weston College Media Dept. undertakes to abide by any directions from the management of the above location with regard to filming positions/health and safety/audience safety.

Weston College Media Dept. undertakes to ensure that all filming will be undertaken in a professional manner taking account of changes during the shooting period as defined below:

Date of location shoot

Mon 30th April 2018

Signed on behalf of Weston College

Jake Mason

Date

~~Jake Mason~~

30/4/18

Signed of behalf of above location

Position

[Signature]

OWNER.

Date

05/05/18



LOCATION PERMISSION FORM

Weston College Media Department request permission to use any footage filmed at the following location:

fun house, fun way, Bleadon, BS24 8QE

In any programme defined as broadcast or non-broadcast or for commercial exploitation by the client.

Weston College Media Dept. undertakes to abide by any directions from the management of the above location with regard to filming positions/health and safety/audience safety.

Weston College Media Dept. undertakes to ensure that all filming will be undertaken in a professional manner taking account of changes during the shooting period as defined below:

Date of location shoot

3rd, 4th, 21st of May 2018

Signed on behalf of Weston College

Date *2/5/18*

Signed of behalf of above location

Position

Date *2/05/18*