

Project permission form

I hereby give my permission as a parent or legal guardian of the student named below to participate in the European project "vidubiology" (VG-IN-BE-17-24-035611) to participate in the project and to allow the release the video outcomes for educational, non-commercial purposes. I will also specify if my child will be allowed to be seen or heard.

The photos and videos produced will be posted for the purposes below:

- Published on the project website: <http://vidubiology.eu>
- Published on the project YouTube channels
- Posted on other educational online sites
- Informal or conference presentations
- Educational tutorials

vidubiology will make sure that no private data of students will be mentioned. The project will only produce non-commercial outcomes which will be used for educational purposes only. The project will follow national and European laws concerning copyright and restrictions as well as given guidelines by the European Commission for educational projects. There is no time-limit on the validity of this permission nor is there any geographic specification of where these materials may be distributed. Participating students aged 17 or younger must have this parental permission form in order to participate in the project.

vidubiology online:

<http://vidubiology.eu>

<https://facebook.com/viduBiology>

<https://flickr.com/photos/vidubiology/>

Project Name: **vidubiology EU Erasmus+ project**

- I allow that my child participates in a vidubiology project
- I allow that my child can be seen on photo / video footage of a vidubiology project
- I allow that my child is allowed to be heard in a vidubiology project
- I allow that my child can take part in vidubiology surveys
- I allow that my child can be interviewed with video and that the result can be used for educational purposes

Name of Parent / Legal Guardian _____

Parent / Legal Guardian Signature: _____

Student (please print name) _____

Student Age _____ Student Signature _____

Address: _____

Phone: _____ Dated: _____

Teacher _____ School: _____

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