

F1 in Schools 2014/2015 Finals Series

Media Coverage Consent Form

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Student Name: _____

Team Name: _____

- REA Foundation may record sound and/or vision of me and my project work whilst I am taking part in State and National Final related activities.
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I have read and understood the above statements and accept the above Terms and Conditions.

Signature of Student:

Signature of Parent/Guardian:

Name _____

Name _____

Date _____

Date _____

Return completed forms to REA
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