Uses and Security of Video Footage for Music Medals

Sample consent form (for parent’s or guardian’s consent to a video-recording of their child undertaking a Music Medals assessment)

Music Medals Partner: _________________________________________________

School: _______________________________________________________________

I consent to a video-recording of my child [PRINT NAME BELOW]

____________________________________________________________________

being made for the purpose of a Music Medals assessment.

I understand that the purpose of this video-recording is the moderation of the assessment by ABRSM and that a small selection of tapes will also be archived.

I confirm that the copyright of the video-recording of Music Medals assessments passes to ABRSM.

Signed (parent/guardian):______________________________________________

Name (PLEASE PRINT): ________________________________________________

Date: __________________________________________________________________

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