

Attendance & Photography Consent Form

Murdoch Esports & Experience Day 2025, Saturday 13 September 2025

Thank you for your interest in the Murdoch Esports & Experience Day. Please complete and return the declaration for below with your parent / guardian for your registration at the event. If you have any questions please do not hesitate to contact me.

Declaration by Student

I accept the offer of a place at Murdoch Esports & Experience Day on 13th September 2025. I understand that I will be required to adhere to the rules and instructions of the Staff of this program during my participation. I acknowledge that photographic images and / or video may be taken whilst attending the program and consent to their use in publicity material that may be produced by Murdoch University.

Signed (Student): _____ Date: _____

Address: _____

Mobile Number: _____

Declaration by Parent / Guardian

I, being the parent and/or legal guardian of the above student and approve of their participation in Murdoch Esports & Experience Day. I understand that the student will be required to adhere to the rules and instructions of the Staff of this program and none of the Staff may be held responsible for any accidental injury or sickness or the consequences thereof, during the student's participation in the program. I further authorise the Staff of the program (where it is impracticable to communicate with me) to consent to the student receiving such medical, surgical, or other emergency treatment as may be deemed necessary, and I accept the liability to pay any cost of such treatment.

I consent to Murdoch University to take photographs, video, and/or audio of the Student in relation to the above activity and grant Murdoch University permission to use, reproduce and publish for the promotion of Murdoch University, including but not limited to digital media, print, radio and television.

Additional Terms:

- I waive the right to review or approve the finished product, included written copy, edited footage, audio, and images, before publishing.
- I understand that I will not own any photographs, video, or audio recordings taken of my child and that no fee or payment will be provided.
- I agree that photographic images, audio, and footage of my child (Participant) are collected and stored for the above purposes.
- I confirm that I have read and understood, and agree with the terms outlined in this Release Form.

Signed (Parent / Guardian): _____ Date: _____

Print Name: _____

Emergency telephone contact during the program: _____

Specific medical conditions, allergies or dietary needs of your child which may be of relevance during the program.
