

Consent Form for 2019 Learning Centre Programmes

(Learning Centre locations are at the South Library, Upper Riccarton School & Community Library, New Brighton Library, Te Hāpua: Halswell Centre or Tūranga)

I give my consent for my child _____ (name), Age: _____

Library Card No: _____ (if a member)

To support us in providing a safe learning environment, please discuss the following safety guidelines with your child before you both sign this consent form.

Student Contract – I agree:

- To show courtesy and consideration to others.
 - To follow the instructions of the person in charge.
 - To follow these Digital Safety Rules:
 1. I am only allowed to look up or search for things on the Internet that I know are for students.
 2. I must report any inappropriate use of the internet and communication technologies by other students.
 3. I will treat any equipment used with respect and report any damage to equipment to the tutor or Learning Centre staff.
 4. Any digital equipment or technology that I bring into the Learning Centre is governed by these rules and any digital technology that belongs to the Learning Centre, but is used outside the Learning Centres and their immediate environment, is subject to these guidelines.
- (NB. Please note that continual breaking of this contract may lead to a student being removed from the course and possibly being banned from future programmes.)

Student Name (print) _____ Student signature _____

Parental Agreement:

I give permission for my child to participate in Learning Centre programmes:

I understand that:

- My child may be asked to use an existing personal email account, use a temporary email account provided by the Learning Centre or be asked to create an email account to enable access and use of web tools for learning.
- My child may be asked to work outside within the boundaries of the Library and Learning Centre grounds.
- The Learning Centre may contact me about programmes.

Photographs and film of children may be taken and these and their work may be used in marketing material for Learning Centres. Please sign the 'Model Release' form on the reverse of this page for your permission to do this.

Please tick this box if you would like to receive emails to let you know of any upcoming programmes at the Christchurch City Libraries

Daytime phone: _____

An emergency contact is:

Mobile: _____

Name: _____

Email: _____

Ph: _____

Parent's Full Name: _____

Signed: _____

MODEL RELEASE

I hereby irrevocably grant to the Christchurch City Council and its assignees the full right and permission to use my photographic image in any form of media or for any other lawful purpose in relation to any promotion or communication relating to the Christchurch City Council or its activities or to any organisation that the Christchurch City Council funds, sponsors or supports in any way.

I understand and agree that my photographic image may be cropped, altered, transformed or reproduced in any way and may also be combined with other works or text.

I waive any right that I may have to inspect or approve any product or copy prior to its use.

I am legally entitled to authorise this use and have read and fully understood the above authorisation.

Child/Students Name:

Signature:

Date:

Contact Details

Address:

City:

Phone:

Alternative Contact Phone:

If Model is under 18

I, _____, am the parent/legal guardian of the individual named above, I have read this release, understand and approve of its terms.

Print Name:

Signature:

Date:

Photographers Use Only

Photo code:

Identifying characteristics: