

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: _____