Individual School Use

ONLY

**BLACKWOOD CHEVIOT RIDE PARENT CONSENT FORM**

I wish my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

of \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School

to attend the Blackwood Special Schools Outdoor Education Centre Cheviot Ride.

I hereby certify that I have fully read the:-

**‘Cheviot Ride Parent / Guardian Information Booklet’.**

* I am aware that the Blackwood Cheviot Ride involves bike riding and requires high levels of fitness and bike skills.
* I believe my child:-
	+ - * is medically fit;
			* has sufficient bike skills; and
			* is physically able to cope with this activity.

I also understand that the Blackwood Special Schools Staff aim to promote the Cheviot Ride beyond the Blackwood Member Schools to increase the Centres profile in order to gain access to funding to maintain and improve the Centres facilities. As a result of this I accept that different forms of media may be involved in helping promote Blackwood Special Schools at the Cheviot Ride.

I hereby give consent for my child to be photographed and/or filmed for the following purposes – (***if no consent is given your child will not be filmed or photographed for Blackwood Special Schools Outdoor Education Centre (BSSOEC) promotion***):-
 **Please Tick one – YES / NO** YES NO
 **My child can be Filmed and/or Photographed 🖵 🖵**

 *If YES please complete the following list:-*

* Filmed by the Media for Television Coverage **🖵 🖵**
* Photographed by the Media for Newspaper Use **🖵 🖵**
* Photographed by Blackwood Staff for:-
* Use on the BSSOEC Website **🖵 🖵**
* Displays at BSSOEC Accommodation Sites **🖵 🖵**
* BSSOEC Public Poster Displays **🖵 🖵**
* Use in the BSSOEC Newsletter **🖵 🖵**

I also understand that for safety reasons my child may be required to travel in an Accredited Special Schools Bus other then the bus provided by my child’s school.

 **Please Tick one – YES / NO** YES NO
 **I give my consent for my child to be transported 🖵 🖵
 by another Special Schools Accredited Bus**

 **Parent / Guardian Signature:-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:- / /**