

## IADT SUMMER COURSES PARENT/LEGAL GUARDIAN CONSENT FORM

Course Title		
Course Date		
Student Full Name		
Student Date of Birth		
Student Address		
Student Contact Number		
Student Signature		
Parent/Legal Guardian Full Name Details		
Parent/Legal Guardian Address (Day and Evening)		
Parent/Legal Guardian Contact Telephone Number (Mobile)		

I confirm that \_\_\_\_\_ (Course Participant Name) is between 16 and 18 years of age at the time of application.

I confirm that \_\_\_\_\_ (Course Participant Name) has my consent to participate in the course.

\_\_\_\_\_  
*Parent/Legal Guardian Signature*

\_\_\_\_\_  
*Date of Signature*

*MINIMUM AGE to enroll in IADT summer courses is 16 years of age. Participants under the age of 18 require written parental consent to participate in all courses including Life Drawing classes which includes nude models. IADT reserves the right to request proof of age documentation. The details provided in this form will be retained for 12 months. Please advise if you wish that the details are deleted prior to this date.*

For further information please contact Barbara Carraher on 01 + 2394631 / [barbara.carraher@iadt.ie](mailto:barbara.carraher@iadt.ie)

<b>Official use Only:</b>	
Date Complete Form Received	
Date details entered onto IADT Database	
Advised to delete data prior to end 12 months from date of signature (Y/N)	
Date data deleted + Officer Signature	