

## Parent / Guardian Consent Form

Please fill out and sign this consent form and attach to the project entry form online.

Child's Name: \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_

Please tick:

- I am happy for my child's contact details to be provided to the news media for publicity purposes.
- I am happy to have my child's photo and project used in promotional materials for Skills Bright Sparks.

Parent / Guardian Signature: \_\_\_\_\_

If you have any questions or concerns about the Skills Bright Sparks competition, please contact [brightsparks@skills.org.nz](mailto:brightsparks@skills.org.nz)

