



PHOTOGRAPH CONSENT FORM

4th International Scientific Congress "Eurociencia Joven"

IES Fidiana de Córdoba, Project of Educational Innovation and Curricular Development "Fidiciencia 3.0"
(Consejería de Educación, Junta de Andalucía) and Erasmus + Project (Erasmus fund of the European Union)

Mr/Mrs _____ with
ID card number _____, father/mother or guardian of the student (or the
person himself/herself in case of being of legal age)
_____ from the class _____, enrolled
in the high school _____ in (city) _____,
(country) _____, having been duly informed of the program, characteristics,
development of this activity, with the signature of this document gives his/her CONSENT and:

GRANTS PERMISSION FOR:

- The participation of my son/daughter in the 4th INTERNATIONAL SCIENTIFIC CONGRESS "EUROCIENCIA JOVEN" during the 5th and 6th of May in morning and afternoon sessions, in the auditorium of the Rectorate Building (5, Medina Azahara Avenue).
- The use and dissemination of the images taken during the development of the Congress by IES Fidiana, Fidiciencia 3.0 and Erasmus + projects.
- The publication on the websites Fidiciencia 3.0, Biociencia, Erasmus + and/or IES Fidiana of photographs, videos and/or educational material on the activity carried out, in which my son/daughter could appear as well as its publication in social networks (Instagram, Facebook and Twitter), digital, audiovisual or paper materials, for the purpose of dissemination of the Congress, the projects and the high school
- The release of the research results or materials produced by my daughter/son in scientific journals and/or books, as well as their dissemination and/or their use in presentations, conferences, educational videos, etc., during and after the Congress.

I do not consent to the use, publication and/or reproduction of images, recordings and interviews of my child or myself. In this case, it will be the student or person who must be careful not to pose and warn those responsible for taking pictures and/or videos of the lack of authorization to record him/her. Likewise, I accept that there may be activities in which a continuous recording of images (interviews, videos, etc.) is necessary and in which the student cannot participate.

(city) _____, (month) _____ (day), 2025

Signature (father, mother or guardian):