

\_\_\_\_\_  
Name of student

\_\_\_\_\_  
Name of student

\_\_\_\_\_  
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\_\_\_\_\_  
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\_\_\_\_\_  
Name of student

\_\_\_\_\_  
Name of student

**Media Access**

\_\_\_\_\_ Yes, I grant permission for my child(ren) to be photographed by the media.

\_\_\_\_\_ No, I do not grant permission for my child(ren) to be photographed by the media.

**Website Page**

\_\_\_\_\_ Yes, I grant permission for my child(ren)'s photo without identifying him/her by name on the Institute of Martial Arts (I.M.A.) Oxford's website.

\_\_\_\_\_ No, I do not grant permission for my child(ren)'s photo on the Institute of Martial Arts (I.M.A.) Oxford's website.

\_\_\_\_\_  
signature of student or parent/guardian if under 18

\_\_\_\_\_  
date