



## **AGREEMENT TO TAKE PART IN OUT OF COLLEGE ACTIVITIES**

### **If learner is under 18 years of age on 31 August on the year of entry:**

(Please complete in BLOCK capitals)

I, (Parent/Guardian's Name) \_\_\_\_\_

Parent/Guardian of (Learner's Name) \_\_\_\_\_

on (Course) \_\_\_\_\_ Year \_\_\_\_\_

Learner's Date of Birth \_\_\_\_\_

hereby give my consent to their participation in any approved visit to an industrial or commercial organisation or any out-of-college activity and I hereby agree to indemnify SMB College Group and the industrial or commercial organisation concerned in the event of any accident occurring or damage being occasioned as a direct result of the behaviour of the learner in my care.

By signing below, I will fully support the College in their efforts to ensure that the learner in my care attends regularly for the full duration of the course and will carry out their obligations to any employer offering work placement. I confirm that I have alerted the College to any disability or medical condition that might give rise to a hazard by counter signing and returning the College's Health & Fitness form.

I agree to the college using photographs of the learner in my care for evidence of coursework, identification and promotion of the college.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Name in BLOCK capitals \_\_\_\_\_

### **If learner is 18 years of age or over on 31 August on the year of entry:**

(Please complete in BLOCK capitals)

I, (Learner) \_\_\_\_\_

On (Course) \_\_\_\_\_

Date of birth \_\_\_\_\_

hereby give my consent to my participation in any approved visit to an industrial or commercial organisation or any out-of-college activity and I hereby agree to indemnify Brooksby Melton College and the industrial or commercial organisation concerned in the event of any accident occurring or damage being occasioned as a direct result of my misbehaviour.

I confirm that I have alerted the College to any disability or medical condition that might give rise to a hazard by signing and returning the College's Health & Fitness form.

I agree to the college using photographs of myself for evidence of coursework, identification and promotion of the college.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Name in BLOCK capitals \_\_\_\_\_