Consent Statement for Photography/Video Recording for CCCL's 25th Anniversary University Competition

I, [Full Name _____], being over 18 years of age, hereby grant permission to participate in photography and/or video recording for CCCL's 25th anniversary universities competition. I confirm that I have been informed about the project's details and purpose and understand the intended use of the content when deemed necessary.

By providing my consent, I grant the Children's Cancer Center of Lebanon (CCCL) the right to use the photographs/videos in accordance with the explained purpose (such as social media channels including Instagram, Facebook, YouTube, X, etc., and other communication platforms).

I acknowledge that my well-being will be respected and prioritized, and I consent to the use of the resulting photographs/videos as described above.

Consent Statement: Yes ☐ No ☐
Signature: _____ Date: ___ / ___ / _____