THE UNIVERSITY OF THE WEST INDIES

MONA, JAMAICA, WEST INDIES

FACULTY OF SCIENCE AND TECHNOLOGY

Dean's Office, Mona Campus, Kingston 7, Jamaica

COMPETITION CONSENT FORM – STUDENTS & PARENTS

Competition Name: FiWi Science Role Model Video Competition: *Who is your STEM Role Model?*

Submission Deadline: November 14th, 2025 at 5:00 p.m.

PARTICIPANT INFORMATION

Full Name of Student:

Date of Birth:

Age:

School/Organization:

We, the undersigned, are

- ☐ the parent/legal guardian of the above-named child
- ☐ the above-named child and under the age of 18 years old

We hereby give permission for:

1. **Appearance in this Video Submission:** My/my child's face and/or full body to appear in a video submission created for the FiWi Science Role Model Video Competition - Who is your STEM Role Model? hosted by the Faculty of Science and Technology, The UWI Mona, and for the submitted video to be entered into the competition and reviewed by judges and organizers.
2. **Media Use:** The Faculty of Science and Technology, The UWI Mona and its representatives to use, reproduce, display, and distribute the submitted video, in whole or in part, on the following platforms and media:
    - The **FiWi Science website:** https://www.fiwiscience.org.jm
    - Official **social media pages** (e.g., YouTube, Facebook, Instagram, TikTok, etc.)
    - Educational and promotional materials, online or offline
    - Public presentations or events related to the competition
3. **No Compensation:** We understand that no compensation will be paid for the use of the video now or in the future, although the students with winning entries will receive prizes.
4. **Rights & Privacy:** We understand that my/my child's video may be viewed by the public. I also acknowledge that I may withdraw consent at any time in writing, and the Faculty of Science and Technology, UWI Mona will make reasonable efforts to stop further use going forward.

AGREEMENT

By signing below, we confirm that:

- I am the parent/legal guardian of the minor named above
- We have read and understood this consent form.
- I voluntarily grant permission as outlined above.

Student Name: **Date of Birth:**

Student's Signature: **Date:**

Name of Parent/Legal Guardian:

Relationship to Student (E.g. Self, Mother, etc.):

Signature: **Date:**

If you have any questions or wish to withdraw consent at any time, please email us at **susan.otuokon@uwi.edu** or call us at **+1 876-977-1785**