

## **CARIFESTA XV – Parent/Guardian Consent Form**

**Hair Braiding Relay Competition**

**Date:** August 25, 2025

**Location:** Hair and Body Adornment Pavilion, Grand Market, Waterford, St. Michael, Barbados

Participant's Full Name:

Date of Birth (DD/MM/YYYY):

Team Name:

I, \_\_\_\_\_, confirm that I am the parent or legal guardian of the above-named participant. I give full permission for my child/ward to participate in the **Hair Braiding Relay Competition** on **August 25, 2025**, as part of the **Barbados Hair and Body Adornment Showcase** at the **CARIFESTA XV Grand Market** at **Waterford, St. Michael, Barbados**.

I understand that the event may involve the use of basic hairstyling tools and products, and that my child will be part of a timed team competition under supervision. I confirm that my child is in good health and able to participate.

I also grant permission for photographs and video footage of my child taken during the event to be used for CARIFESTA XV promotions, reports, and media documentation, including print, broadcast, and online platforms.

Parent/Guardian Information

Name:

Relationship to Participant:

Phone Number:

Email Address:

Parent/Guardian Signature:

Date: