

PARENT/GUARDIAN CONSENT FORM
CARIFESTA XV HAIR-ITAGE SHOWCASE

HAIR-ITAGE Pavilion, Grand Market, Waterford, Barbados

Competition Title:

Competition Date:

Participant's Full Name:

Date of Birth (DD/MM/YYYY):

Address:

Email Address:

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 _____ on _____

August 2025, as part of the **HAIR-ITAGE 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. 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: