

## Parental/Guardian Consent Form (For Participants Under 18)

I, the parent/guardian of the minor participant named below, consent to his/her participation in the event 'Siwanchi Got Talent – Karnataka Level 2025' organized by Shri Siwanchi Jain Yuva Mandal (SSJYM).

I understand that the event may involve photography, videography, and public display of performances, and I hereby authorize the organizers to use such materials for non-commercial promotional purposes.

I further confirm that I have explained the rules, regulations, and terms of the event to the minor participant and take full responsibility for his/her participation.

Name of Minor Participant: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Date: \_\_\_\_\_