

**Parent Consent Form**

**Parent consents to their child attending a Virtual/Campus Event without parent**

Dell Products including its affiliates, associated companies, subsidiaries (“**Dell Technologies**”) is holding a [Virtual/Campus Work Experience Program] engagement called [The Dell Technologies Virtual/Campus Transition Year Program] from [ ] to [ ] virtually via Zoom/On-Campus. (“Event”). I give my consent to my child/children to attend and participate in the Event.

I represent, warrant, and undertake to Dell Technologies that I am the parent/guardian of the child/children attending and participating in the Event. I acknowledge that I am wholly responsible for my decision to allow my child/children attend and participate in the Event.

I release, indemnify and hold harmless Dell Technologies from and against any and all liability, loss, damage, injury, claims, demands, or causes of action howsoever arising in connection with my child/children attending and participating in the Event except where the negligence of Dell Technologies has caused death or personal injury.

I understand that Dell Technologies may wish to photograph/video the Event for internal business show case purposes only and that such activity may capture and record the image of my child/children. Dell Technologies may wish to take a team photograph of those that attended and participated in the Event.

If you do not wish your child to be included in a team photo - please tick this box [ ]

If you consent to your child being included in the team photo – please tick this box [ ]

This Parent Consent Form is governed by and construed in accordance with Irish law and will be subject to the exclusive jurisdiction of the courts of Ireland.

Print child/children(s) name(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

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