

CONSENT FORM

I, the undersigned as parent/legal guardian of (Applicant)

*Please write name of applicant

give permission to the said Applicant to attend and participate in the **Unwrapping The Gift Advent Day Retreat**, organised by ACTS Teens that form part of Tabgha Foundation (VO/0314), between the **6th December 2025 from 9:30 to 17:00**, held at **Gattard House**, as described on the online Event Details and Application Form. Whilst I recognise that the organisers endeavour to act in the best interest, I understand that the Applicant is aware and expected to act responsibly, and I take full responsibility for lack of co-operation.

I undertake to inform you if the Applicant suffers from any medical condition.

In case of need, I may be contacted on

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I authorise Tabgha Foundation to retain and process my personal data. I consent that the Applicant's personal data is collected, retained and processed to keep the Applicant updated with upcoming events.

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I consent that photos of the Applicant are taken during your events and used for outreaching purposes, including uploading on your social media.

Specifically, in relation to personal data (as defined in the General Data Protection Regulation), Tabgha Foundation shall collect, process and retain personal data in accordance with data protection laws.

To this extent, I hereby agree with Tabgha Foundation's privacy policy which can be found at <https://acts.mt/privacy-notice/>

Full Name of parent/guardian

ID Card Number

Signature

Date