GASTROERASMUS 2027

4th INTERNATIONAL CULINARY COMPETITION

PARENTAL / LEGAL GUARDIAN CONSENT FORM

20-23 March 2027 | Manavgat, Antalya, Türkiye

This form must be completed and signed by the parent or legal guardian of any participant who is under 18 years of age at the time of the event.

1. PARTICIPANT INFORMATION	
Full Name	
Date of Birth	___ / ___ / _____
Nationality	
School / Institution	
Country	
Competition Category	☐ JP1 ☐ JP2 ☐ JP3 ☐ JP4 ☐ SP1 ☐ SP2

2. PARENT / LEGAL GUARDIAN INFORMATION	
Full Name	
Relationship to Participant	
Telephone / Mobile	
E-mail	
Address	

3. CONSENT TO PARTICIPATION

I, the undersigned parent/legal guardian, confirm that I have been informed about GastroErasmus 2027 and give permission for the participant named above to take part in the competition and its official programme in Manavgat, Antalya, Türkiye.

I understand that the participant must follow the GastroErasmus 2027 Competition Rules & Regulations, Technical Regulations, venue rules, food-safety requirements and instructions issued by authorised event staff and accompanying teachers/group leaders.

Official event schedule: Check-in / arrival: 18 or 19 March 2027. Opening and technical briefing: evening of 19 March 2027. Competition: 20-23 March 2027. Official Award Ceremony: evening of 23 March 2027. Check-out / departure: 24 or 25 March 2027.

4. SUPERVISION, SAFETY & EMERGENCY AUTHORISATION

I understand that participants under 18 remain under the supervision and responsibility of their accompanying school, teacher, mentor or group leader during the mobility/event programme.

In an accident, illness or urgent situation, I authorise the accompanying teacher/group leader and authorised event representatives to take reasonable immediate steps to protect the participant's health and safety, including contacting emergency medical services when necessary. Every reasonable effort should be made to contact me as soon as possible.

Emergency Contact Name	
Relationship	
Emergency Telephone	
Alternative Telephone	

5. HEALTH, ALLERGY & DIETARY INFORMATION

Please provide information reasonably required for safe participation. If there is nothing to declare, write “None”.

Food Allergies / Intolerances	
Dietary Requirements	
Relevant Safety Information	

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PARENTAL / LEGAL GUARDIAN CONSENT FORM - CONTINUATION

6. PHOTO, VIDEO & EVENT MEDIA CONSENT

Photographs and video recordings may be taken during official GastroErasmus 2027 activities for event documentation, educational dissemination, official websites, social media, reports and future promotion of GastroErasmus and ERA Alliance activities.

Please select one: ☐ I GIVE consent for the participant to appear in official event photographs/video. ☐ I DO NOT GIVE consent.

7. RECIPE PUBLICATION & GASTROERASMUS BOOK CONSENT

As part of the educational and cultural legacy of GastroErasmus, recipes submitted and/or prepared by competitors may be selected for inclusion in a GastroErasmus recipe book or other official GastroErasmus culinary publication.

I authorise GastroErasmus and ERA Alliance to reproduce, edit for formatting, translate, publish, print, distribute and display the participant's submitted competition recipe, including the dish name, ingredient list, quantities, preparation method and presentation description, in the GastroErasmus Book and related official print or digital publications.

Where appropriate, the publication may identify the participant's name, school/institution and country in connection with the recipe. Editorial changes must not materially misrepresent the submitted recipe.

This permission is granted for educational, cultural, dissemination and promotional purposes connected with GastroErasmus and ERA Alliance. Selection of a recipe for publication is at the discretion of the Organising Committee and does not guarantee publication.

Please select one:
☐ I GIVE consent for the participant's competition recipe to be included and published in the GastroErasmus Book and related official GastroErasmus publications.
☐ I DO NOT GIVE consent for the participant's competition recipe to be published.

8. DECLARATION & SIGNATURE

I confirm that the information provided in this form is accurate to the best of my knowledge. I have read and understood the participation, emergency, media and recipe-publication provisions above. My selections in Sections 6 and 7 record my consent choices.

Parent / Legal Guardian Name	
Signature	
Date	___ / ___ / 2027
Participant Signature	