**ECHOES OF THE ADHAN: THE COMPETITION – CONSENT FORM**

This form is to obtain consent for the use of video submissions to **Echoes of the Adhan: The Competition** and accompanying data shared with Al-Furqaan Foundation. Please complete this form if you or your child are submitting a video entry.

In the case of a participant who is under the age of 18 years, a parent or legal guardian must complete this form.

All submissions may be used for promotional, educational, and marketing purposes by Al-Furqaan Foundation and its divisions.

**Consent for Video Use/Media Release**

By submitting a video entry to **Echoes of the Adhan: The Competition**, I hereby grant Al-Furqaan Foundation, its affiliates, and authorized representatives the irrevocable, worldwide, royalty-free right and permission to use, reproduce, edit, distribute, and publicly display my submitted video—including my image, voice, and likeness as captured therein—for purposes including but not limited to:

* Promotion of the Echoes of the Adhan Competition
* Educational and inspirational content
* Marketing, fundraising, and outreach campaigns
* Publication on Al-Furqaan Foundation’s websites, social media platforms, printed materials, and other media outlets

I understand and agree that:

* My submission may be used without further notice, review, or compensation.
* Al-Furqaan Foundation may edit or modify the video for clarity, formatting, or promotional needs.
* This consent is granted in perpetuity and applies globally.
* I affirm that I am the rightful owner of the submitted content and that it does not infringe on any third-party rights.
* I release and hold harmless Al-Furqaan Foundation and Furqaan Studios, their affiliates, officers, employees, and agents from any and all claims, demands, or liabilities arising out of the use of the submitted content.

I understand that participation in **Echoes of the Adhan: The Competition** is entirely voluntary. I acknowledge that I am under no obligation to participate or allow my child to participate and that refusal to participate will not result in any penalty or disadvantage.

**Consent to Receive Promotional Content**

By submitting my personal information to Al-Furqaan Foundation, I hereby give my explicit consent to receive promotional content related to the Foundation’s programs, campaigns, events, and initiatives and acknowledge that I may withdraw my consent at any time.

Consent Confirmation:

Please review the following options and check all that apply:

☐ I am the participant and I am 18 years of age or older. I give my full consent.

☐ I am the parent/legal guardian of the participant who is between the ages of 13 and 18 years, and I give my full consent on their behalf.

☐ I understand and agree to the terms outlined in this consent form.

Digital Signature and Date

Please type your full name below. This will serve as your legal digital signature confirming your consent.

**Signature & Date**

Signature of Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**For Minor Participants (between 13 & 18 years of age)**:

I, the undersigned parent or legal guardian of the above-named minor, hereby grant permission for my child to participate in the *Echoes of the Adhan* competition, in which participants aged 13 and above submit video recordings of themselves reciting the **adhan** (Islamic call to prayer).

I affirm that my child is between **13 and 18 years of age**, and that I have the legal authority to grant this permission.

Participant Information

* Full Name of Minor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Age at Time of Submission: \_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian Information

* Signature of Parent/Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Relationship to Minor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_