



**Consent for Be Priceless to Collect and Share Recordings of Participant**  
**Be Priceless 收集及分享參加者錄影的同意書**

If you have any questions please ask a member of the Be Priceless team. You will get a copy of the information sheet for reference at any time.

如果你有任何問題，請詢問 Be Priceless 團隊的成員，你將隨時獲得一份副本以供參考。

Full name 全名: \_\_\_\_\_

<b>Please tick if you agree with the statement 如果你同意，請打勾</b>	
1.	<input type="checkbox"/> I agree for Be Priceless to collect data and recordings (video, audio, photo) of me (or my child) during the SEED Course/Activity and use them for the purposes of improving the education program and staff training*. 我同意 Be Priceless 在小種子課程或活動期間收集我的錄像（視頻、音頻、照片），並只用於確保安全、改進課程和培訓*。
2.	<input type="checkbox"/> I agree for Be Priceless to collect data and recordings (video, audio, photo) of me (or my child) during the SEED Course/Activity and use them for sharing information and knowledge with the community, partners and the public (e.g. our reports, publications, social media, and presentations on what the SEED Course is about and its outcomes)*. 我同意 Be Priceless 在小種子課程或活動期間收集我的錄像（視頻、音頻、照片），並用於合作夥伴和社區分享信息（如：與學校分享學習花絮、年度報告及社交媒體等）*。

***\*The information that I provide will NOT be linked to my name, address or other personal information.***

***\*我提供的信息不會與我的姓名、地址或其他個人信息相關聯***

\_\_\_\_\_  
Name of participant (as shown as HKID)  
參加者姓名 (與香港身份證相同)

\_\_\_\_\_  
Name of guardian (for participants  
under 18 years old; as shown as HKID)  
監護人姓名 (與香港身份證相同)

\_\_\_\_\_  
Name of Be Priceless team  
member  
研究人員的名字

\_\_\_\_\_  
Signature of participant  
參加者簽名

\_\_\_\_\_  
Signature of guardian (for participants  
under 18 years old)  
監護人簽名

\_\_\_\_\_  
Signature of Be Priceless team  
member  
研究人員簽名

\_\_\_\_\_  
Date 日期

\_\_\_\_\_  
Date 日期

\_\_\_\_\_  
Date 日期