

BSL Entrepreneurial Challenge Registration Form

1. Please specify the name of your business idea.

2. How many members is your team made of?

3. Please provide the contact information of your team members in the table below.

Name: Email address: Phone number: <input type="checkbox"/> Please tick the box if this team member is the team leader	Name: Email address: Phone number: <input type="checkbox"/> Please tick the box if this team member is the team leader
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4. Please specify the name of the school you are attending and the country it is in.

5. Have you (or any of the team members) ever taken business-related courses, if yes, which?

6. Do you (or any of your team members) have any work experience (e.g., summer work or volunteering)?

Please tick the box if you agree to have your picture taken during the Pitch step, Award session and to have them shared by BSL on its online social media platforms (LinkedIn, Instagram, Facebook).

PHOTO/VIDEO CONSENT AND PHOTO/VIDEO RELEASE FORM FOR ENTREPRENEURIAL CHALLENGE PARTICIPANTS

To be filled out by the Team Leader and dated and signed by all members of the team.

First Name: _____ Middle Name: _____ Family Name: _____
Mailing Address: _____ Post Code _____
City & Country: _____

I/we hereby grant permission and give my/our consent to BSL that during the course of the event I/we am/are attending, pictures/videos might be taken of me/us either individually or in a group setting at BSL or outside of its premises and might be published by BSL.

I/we understand, grant permission and consent that pictures/videos taken of me/us during this time and might either be used for example on BSL social media accounts to promote BSL and its' community or advertise its services; in BSL program brochures; on the BSL website, on print media or in external or internal PPT presentations. I/we understand, grant permission and consent that my/our name(s) might be associated with the picture/videos published. I/we understand, grant permission and consent that I/we might be tagged on social media on the pictures/videos published. I/we understand, grant permission and consent that I/we might be quoted on pictures/videos published should BSL have reached out to me/us and asked me/us for a written statement or opinion about my/our experience at/with BSL.

I/we understand, grant permission and consent that content I/we might publish on a (open/private) public social media account, related to BSL and or tagging BSL can be reposted by BSL on its own social media accounts, identifying and tagging me/us as the author(s) of the content.

I understand that I/we am/are, at any time, allowed to revoke my/our authorization in writing for a specific picture/video that has been published or my/our general authorization given hereby.

A revocation request can be made by emailing info@bsl-lausanne.ch with your request.

Should I/we decide to revoke my/our authorization for a specific picture/video that has been published, the picture/video will be removed from the publication, if it is still possible (ex: on social media).

Should such a removal of a specific picture/video that has already been published not be possible without generating costs (ex: brochure already printed that cannot be used by BSL), I/we understand that I/we will be asked to support part of or the totality of the costs generated by the financial prejudice caused.

The situation might also occur that the removal of a specific picture/video that has already been published is not possible anymore because the picture for example has already been published in a print media format or because the video has already been broadcasted. Should this be the case, BSL will ensure that any future use of the picture/video will be forbidden.

Pictures/videos taken will be stored in a secure location and only authorized staff or third parties will have access to them.

Pictures/videos taken will be kept and used for as long as they are relevant to BSL and after that time they will be destroyed or archived.

By dating this document and signing it below, I/we hereby give my/our consent to all the above.

Date:

Participant Name: Signature:

Date:

Participant Name: Signature:

Date:

Participant Name: Signature:

Date:

Participant Name: Signature:

Date:

Participant Name: Signature:

Date:

Participant Name: Signature: