

**DOC 3**

**BY POST**

**Release of legal authorization to take part in LIVORNO *in* DANZA 2022,  
concession to free use of images or videos, declaration of non-liability of the organizers**  
(One form par each dancer – please write in capital letters)

**DANCER**

<i>SURNAME</i>	<i>NAME</i>
<i>DATE OF BIRTH</i>	<i>PLACE OF BIRTH</i>
<i>ADDRESS</i>	

**ONLY FOR MINORS : DATAS OF PARENTS OR TUTOR**

<i>SURNAME</i>	<i>NAME</i>
<i>DATE OF BIRTH</i>	<i>PLACE OF BIRTH</i>
<i>ADDRESS</i>	

We, the undersigned and over identified students and, in the case of minors, legal guardian or tutorial, with the signature on this document we authorize the a.s.d.c. AREADANZA, organizer of the contest, the largest release in relation to the participation of the child at Livorno in Danza 2022, and the free use of personal data and images may played during the course of the event according to Decree Law 196/2003 about the privacy. We note that our signature on this document is a necessary condition for participation to the Competition. We authorize the organization to film, photograph, record the image with any equipment, voice and any other artistic performance and / or made by the amateur competitions during the event. Areadanza will therefore be the lawful owner of all rights of use, transmission, distribution, sale to third parties with regard to video and / or photographs, in whole or in part, by any means and dissemination system, without any limit whatsoever and especially with no time limits, no steps, nor territorial, in all places and all technical means now known or hereafter devised, all without claiming any compensation on our behalf or the child. To raise the a.s.d.c. AREADANZA any liability in connection with any incident should occur in the competition depending on the participation in the contest, stating in particular that his physical and athletic and supported by appropriate medical certification. By signing I agree to the processing of personal data under the Law Decree 196/2003 (about privacy). Paying 5 €, I desire to become a member of Areadanza a.s.d.c. for the current year and I will be covered by the health insurance policy of ACSI

**ATTACHED :**

**• COPY OF MEDICAL AUTHORIZATION (Doc 5)**

Date \_\_\_\_\_ place \_\_\_\_\_ signature of student/parent \_\_\_\_\_

Name of Dance School \_\_\_\_\_

Mark of dance school and signature of legal rep.nt \_\_\_\_\_