## **Pianofriends Association**



## **VISUAL/AUDIO IMAGE RELEASE FORM FOR MINORS** for events organized or managed by Pianofriends Association

I, the undersigned			
Name & Surname			
Place of Birth	Date of Birth	- Nationality	
Address			
City of Residence	State of Residence		
As parent or guardian of minor child			
Name & Surname of the minor			
Place of Birth	Date of Birth	- Nationality	
Address			
City of Residence	State of Residence	State of Residence	
grant permission to the Association Pianofriends to corded or taken during events organized, participate The Pianofriends Association has the absolute righ photographic portraits of the above minor child, in without restriction as to changes or alterations from ductions of such photographs in colour or otherwise hereafter known, including the internet, for art, advert hereby understand that there will be no financial real hereby release the Pianofriends Association and its I may ever have in connection with the taking of use	ed or managed by the Pianofriends at and permission to take, use, rewhole or in part, or composite or din time to time, in conjunction with e, made through any medium and rtising, trade, or any other purpose muneration.  employees and agents from claim	s Association. Euse, publish, and republish storted in character or form the minor's name, or repro- in any and all media now or whatsoever. s, damages or liability which	
Signature of the legal guardian of the minor		 Date	
Signature of the minor		 Date	

Under Section 26 of the Personal Data Protection Code, I hereby authorize the Pianofriends Association to process my personal data (even sensitive data), also in non EU Countries.

Signature of the legal guardian of the minor Under Section 23 of the Personal Data Protection Code, I hereby authorize the Pianofriends Association

to process my personal data, also in non EU Countries, for promotional purposes

Signature of the legal guardian of the minor

Date

Date

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