Pianofriends Association



2020 VISUAL/AUDIO IMAGE RELEASE FORM FOR MINORS for events organized or managed by Pianofriends Association

I, the undersigned

Signature of the legal guardian of the minor

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	
grant permission to the Association Pianofriends to take corded or taken during events organized, participated or The Pianofriends Association has the absolute right and photographic portraits of the above minor child, in whole without restriction as to changes or alterations from time ductions of such photographs in colour or otherwise, mathereafter known, including the internet, for art, advertising I hereby understand that there will be no financial remune I hereby release the Pianofriends Association and its emp I may ever have in connection with the taking of use of the	managed by the Pianofriends d permission to take, use, ret or in part, or composite or distance to time, in conjunction with take through any medium and ig, trade, or any other purpose eration.	Association. use, publish, and republish storted in character or form the minor's name, or repro- n 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 C to process my personal data (even sensitive data), a		Pianofriends Association
Signature of the legal guardian of the minor		 Date
Under Section 23 of the Personal Data Protection C to process my personal data, also in non EU Countr		

LIBERATORIA ENG 2020

Date