

ALL-IN-ONE WINTER CAMP 2K23

DISCLAIMER UNDER 18

I Undersigned (name) \_\_\_\_\_ (surname) \_\_\_\_\_,  
Parent / Guardian of the student (name) \_\_\_\_\_ (surname) \_\_\_\_\_,  
Born / a \_\_\_\_\_, date \_\_\_ / \_\_\_ / \_\_\_,  
adresse \_\_\_\_\_, City \_\_\_\_\_,  
Nation \_\_\_\_\_, Email \_\_\_\_\_ @ \_\_\_\_\_,  
Indicate Mobile number for Emergencies \_\_\_\_\_.

I AUTHORIZE

my son/daughter to participate at the festival "WINTER CAMP" which will be held in LIGNANO SABBIA D'ORO from 8 to 10 december 2023.

I declare to exonerate the organization STYLE DANCE S.S.DAR.L. / ALL-IN-ONE-DANCE, the Collaborators, the Partners, (collectively called "Organization") from all responsibility for damages or caused by my son/daughter during the event, including in relation to the loss or theft of personal effects and in relation to the risk of injury during each activity carried out in the host structure and during the lessons. I declare to be aware of the recreational nature and the physical commitment of the motor activity that my son intends to practice within the event, as well as the opportunity to consult in advance, for this, our attending physician . I also declare, under my responsibility and full knowledge of the civil and criminal consequences provided for false declarations or mendaci from art. 76 of Presidential Decree 445/2000, that my son/daughter underwent medical examination within the 12 months preceding the event. Attesting the healthy and robust constitution and the absence of contraindications to the choreutical and sports practice. I also declare to be aware that the Organizers are exempt from the obligation of surveillance and custody of minors during and beyond the hours of the teaching activity, as well as during the movements of the participant to reach the host structure. I declare that I am aware of the fact that during the event my son, being resident outside the Italian territory, will not be covered by the insurance policy of the event (paid insurance policy that was not charged to me) therefore it will be my responsibility to decide to issue a specific policy private insurance.

Date 08/12/2023 Signature \_\_\_\_\_ (signature of a parent or guardian)

I authorize the Organization to use filmed and / or photographic images of my son / daughter for advertising purposes, filming during the event, without claiming any reimbursement of any kind and without asking for any form of compensation.

Date 08/12/2023 Signature \_\_\_\_\_ (signature of a parent or guardian)

Privacy disclaimer I authorize, STYLE DANCE S.S.D. A R.L., holder of the treatment, to give course to the registration of the event in question, to the processing of my data for the only purpose indicated and for the purposes indispensable to the organization of the event.

Date 08/12/2023 Signature \_\_\_\_\_ (signature of a parent or guardian)

Authorize STYLE DANCE S.S.D. A R.L., owner of the treatment, to use only the e-mail address for sending periodic communications concerning the marketing activities of the data controllers. At any time and for free it will be possible to exercise the rights foreseen by article 7 of D.Leg.196 / 03 - namely to know which of my data are processed, to integrate them, to modify or cancel them for violation of the law, or to oppose their treatment by sending an e-mail to [allin1danceitaly@gmail.com](mailto:allin1danceitaly@gmail.com)

Date 08/12/2023 Signature \_\_\_\_\_ (signature of a parent or guardian)