

LIBERATORIA AND MEDICAL INSURANCE CERTIFICATION
NAME OF THE SCHOOL AND / OR REFERENT:

ADDRESS _____

CITY _____ STATE _____

MOBILEPHONE _____

THE / UNDERWRITTEN / A

IN QUALITY OF REFERENT RESPONSIBLE FOR SCHOOL /
SOLISTA / DUO / CREW / GROUP

DECLARES

THAT THE CHOREOGRAPHY IS FREE OF BINDING SIAE AND
TO HAVE A VISION OF THE DANZAREMILANO REGULATION
2019; THAT EVERYONE OF THE SUBSCRIBED PARTICIPANTS
ARE FREE FROM ADVERTISING AND / OR CONTRACTS WITH
TELEVISION NETWORKS.

ALLEGIST LIST OF PARTICIPANTS IN DANZAREMILANO 2019
(NAME LAST NAME OF EACH STUDENT).

ALSO SAYS THAT EVERY DANCER IS IN POSSESSION OF THE
INSURANCE AND OF THE MEDICAL CERTIFICATE NECESSARY
FOR SPORTS PRACTICES THAT ARE IN CASE AT MY DANCE
SCHOOL.

FOR MINORS, THE SIGNATURE OF THE GROUP MANAGER AS
A REFERENT GUARANTEE.

CONSENT TO THE PROCESSING OF PERSONAL DATE
ACCORDING TO D.LGS. N ° 196/2003 WILL BE RIGHT TO THE
TREATMENT OF THE IMAGE OF THE PARTICIPANTS BY THE
BALANCE PRO MOVE SSD ARL (SHOOTING VIDEO AND
PHOTO)

FOR ACCEPTANCE SIGNATURE OF THE REFERENT
