FORM FOR ADULTS CONSENT OF EXCULPATION AND STATEMENT OF POSSESSION OF CERTIFICATION MEDICAL

By filling out the form on theatdream.it	
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1. I, the undersig	gned	born on	
at	in	living in	
street		city	
zip	-		
1. I declare that	I am in good health as	s per the medical certificate in my possession.	
2. I AUTHORIZE	the organization to acc	equire and disseminate the image, personal data and the	e
services rendere	ed as part of the event	t "THE BEAT DREAM " to be held July 1/2, 2023,	
for the commun	ication, promotion and	nd dissemination of the same also for possible commerc	cial purposes.
3. I hereby decla	are that the Organization	ion is exonerated from any kind of liability as any and al	II
eventual damag	e to person or propert	ty occurred in the practice of sport/dance at the facilities	es of the
event in questio	n or otherwise in the p	practice of any activity carried out at the event venues,	,
shall be underst student/athlete	ood to be covered by t	the excuse of the consent of the person entitled, reliev	ing the
the Organization	n from any and all resp	ponsibility in this regard, and the signing of this	
form as formal p	provision of consent in	n terms.	
4. With the expr	ess exclusion of the ap	pplicability of art.2048 c.c., I declare that the Organizat	ion, its
instructors and s	staff are exempt from	strict liability under art.2048 c.c. for any	
damage caused	by the student/athlete	e during the time of the duration of the event.	
5. I declare that	I have read and accep	oted the event regulations.	
6. I declare that	I am aware that the re	egistration fee is non-refundable except in case of	
cancellation of t	he event.		
7. I declare that	I have accepted the pa	participation fees and agree to their payment.	
8. The undersign	ned declares to be awa	are of Legislative Decree 196 of 30/6/2003 (Privacy Coc	le) for
protection of pe	rsonal data and in acc	cordance with Art. 13 and Art. 14 of EU Regulation no.	
2016/679 ("GDP	PR"). It also declares, p	oursuant to and in accordance with Art. 7 et seq. of the	Regulation, to
give consent to	the processing of his/h	her personal data, for the pursuit of activities by	
OLYMPUS BALLE	ET.		
9. Aware of the	penalties I may incur I	I certify the truthfulness of the personal data.	
Date		Signature	