

RELEASE FOR THE USE OF IMAGES

Full Name _____

Address _____

Postcode (CAP) _____ City _____ Province _____

Tax Code (C.F.) _____

For Minors

Full name of the minor _____

CF _____

☐ In agreement with the other parent.

AUTHORIZES

the publication of their own images and/or videos or the images and/or videos of their child taken by:

Centro Cinofilo Dream Dog - Via Cipro 21 H - 36100 Vicenza (VI)

for use in competitions, exhibitions, publications, brochures, posters, television broadcasting, internet, Facebook page, etc.

This authorization does not allow the use of the image in contexts that prejudice personal dignity and decorum (of oneself or the minor) and in any case for uses and/or purposes other than those indicated above.

The undersigned confirms that they have no claims in consideration of the above and irrevocably waive any right, action or claim arising from the above authorization.

Signature of the person filmed

For the minor, signature of the person exercising parental authority
