

**IMAGE CONSENT FORM FOR MEMBERS – MINORS**

**Father/Mother/Third Party exercising:**  parental authority  caregiver  support administrator  curator

Surname and First Name \_\_\_\_\_ born in \_\_\_\_\_ on \_\_\_\_\_

**Father/Mother:**

Surname and First Name \_\_\_\_\_ born in \_\_\_\_\_ on \_\_\_\_\_

**Minor:**

Surname and First Name \_\_\_\_\_ born in \_\_\_\_\_ on \_\_\_\_\_

**(N.B.: JOINT CONSENT IS REQUIRED FROM PARENTAL AUTHORITY HOLDERS, IN CASE OF DISAGREEMENTS THE PLANNED ACTIVITY WON'T BE UNDERTAKEN)**

IT IS MANDATORY TO FILL IN THIS FORM IN ALL ITS PART

In accordance with the purposes referred to in point b), thus **Taking photographs, images, video recordings of the involved member within the framework of the activities carried out during demonstration events**, I express my consent (mark with **X** the box representing your choice)

YES

NO

In accordance with the purposes referred to in point c) and d), thus **Publishing in the Foundation's Website and/or Facebook/Instagram of photographs, images and video recordings referred to in the previous point (purpose c))** and **Publishing in video streaming platforms (example: YouTube) of photographs, pictures and video recordings referred to in the previous point (purpose c))**, I express my consent

(mark with **X** the box representing your choice)

Foundation's Web Site	Yes	No
Foundation's Social Networks	Yes	No
Video/Streaming Sharing	Yes	No

Date.....

Father/Mother .....

Father/Mother .....

Otherwise

Signature holder of parental responsibility

