

**FORM FOR PARENTS OF STUDENTS UNDER 18**

**The undersigned.....**

**Born in.....On.....**

**Address.....**

**AUTHORIZES**

**his/her son/daughter .....**

**Born in.....On.....**

**Address.....**

**TO ATTEND THE EDITION OF MASTERCLASSES FROM 11 TO 28 AUGUST 2017 IN NARNI, ORGANIZED BY THE ASSOCIAZIONE MOZART ITALIA SEDE DI TERNI. THE UNDERSIGNED DECLARES TO HAVE TAKEN VISION OF AND TO FULLY ACCEPT THE REGULATIONS OF THE COURSE. HE FURTHER DECLARES TO EXONERATE THE ASSOCIAZIONE MOZART ITALIA SEDE DI TERNI FROM ANY WHATSOEVER RESPONSIBILITY FOR ANY DAMAGE THAT MY SON/ DAUGHTER MAY POSSIBLY ENCOUNTER OR INFLICT TO OTHER PEOPLE FOR THE WHOLE PERIOD OF THE MASTERCLASSES.**

**Date.....Signature.....**

**Please attach a copy of a valid ID of the undersigned**