

**A declaration of parents / legal guardians of underage persons participating
in the 5th edition of “Beats of Cochlea” and Master Workshops**

(please, complete in block letters)

I declare that I give consent to my child’s participation:

.....
In the 5th edition of “Beats of Cochlea” and Master Workshops, hereinafter referred to as “Beats of Cochlea”, organised by the Institute of the Physiology and Pathology of Hearing with its seat at the following address: Warszawa (02-042), ul. Mochnackiego 10, and the Institute of Sensory Organs Kajetany at the address: ul. Mokra 1, 05 - 830 Nadarzyn.

The 5th edition of “Beats of Cochlea” will consist of: musical Master Workshops, which will end with a musical show of the Participants’ abilities, hereinafter referred to as “the Final Musical Performance.”

- I declare that I have read the rules of “Beats of Cochlea” and accept their provisions.
- I consent to the processing by the Institute of the Physiology and Pathology of Hearing with its seat in Warsaw at the following address: ul. Mochnackiego 10, 02-042 Warszawa, under the terms specified in Regulation No 2016/679 of the European Parliament and of the Council (EU) of 27 April 2016 on the protection of individuals with regard to the processing of personal data and on the free movement of such data, repealing Directive 95/46/EC (GDPR), of my child's personal data provided in the registration form for participants of “Beats of Cochlea”.
- I declare that I give my consent to the inclusion of information about my child and to the use of the materials submitted (photos, audio recordings, video recordings) in materials promoting the Festival, in printed form and in the media (press, radio, television, the Internet).

.....
(full name of the parent/legal guardian)

.....
(date and place)

.....
(signature of the parent/legal guardian)