………………………., on ………………..2023

*(place and date)*

**Declaration of parents / legal guardians of minors participating in the 9th edition of the International Music Festival of Children, Youths, and Adults with Hearing Disorders "Beats of Cochlea," further called the Festival "Beats of Cochlea"**

…................................................................................................................................................................

(name and family name of the minor Participant)

…................................................................................................................................................................

(name and family name of Participant's parent/legal guardian)

**CONSENT FOR PARTICIPATION IN THE 9th EDITION OF THE FESTIVAL "BEATS OF COCHLEA"**

I consent to my child's participation in the 9th edition of the Festival "Beats of Cochlea" organized by the Institute of the Physiology and Pathology of Hearing with its seat in Warsaw (02-042), Mochnackiego 10, and the Institute of Sensory Organs Kajetany, Nadarzyn (05-830), ul. Mokra 1.

**CONSENT FOR PROCESSING OF PERSONAL DATA**

I consent to the processing of my and my child's personal data provided in the registration form and the image by the Institute of the Physiology and Pathology of Hearing with its seat in Warsaw (02-042), ul. Mochnackiego 10 for the purposes of organization and participation in the 9th edition of Festival "Beats of Cochlea" and to their use in the materials promoting and documenting this event.

I declare that I have given mine and my child's personal data voluntarily and that they are true. I also declare that I have read the information about the processing of personal data and the Bylaws of the Festival "Beats of Cochlea," and I accept its stipulations (the information clause and Bylaws are available at the website [festiwal.ifps.org.pl](http://festiwal.ifps.org.pl)).

………………………………………………………………

 (signature of a parent/legal guardian)

**CONSENT FOR THE USE OF IMAGE**

I herewith give to the Institute of Physiology and Pathology of Hearing, with its seat in Warsaw (02-042), ul. Mochnackiego 10, permission for recording, and free of charge, unlimited in time and territory use and distribution of my image and that of the child under my care, according to the art. 81 point 1 of the Act of 4 February 1994 on intellectual property rights. The permission includes the following fields of exploitation: using, recording, processing, and disseminating of the photos and recordings, commercialization of copies, and dissemination of the image using any available techniques and media (including the internet), in the range limited to the aims of organization and participation in the Festival "Beats of Cochlea." This permission includes the right to use and disseminate my and child's image recorded during this event in all works and materials documenting and promoting that event and in the information materials about the Institute of Physiology and Pathology of Hearing activities.

………………………………………………………………

 (signature of the parent/legal guardian)