

**FORM FOR PARENTS OF STUDENTS UNDER 18
INTERNATIONAL MASTERCLASSES – WINTER EDITION
28 FEBRUARY - 03 MARCH 2024, TERNI (Italy)**

undersigned.....

Born in..... on.....

Address.....

Authorizes his/her son/daughter.....

Nato a.....il.....

Born in..... on.....

Address.....

To attend the International Masterclasses - Summer Edition, organized by Associazione Mozart Italia sede di Terni, that will take place in Terni (TR, Italy) from February 28 to the 29 of March, 2024.

The undersigned declares to have taken vision of and to fully accept the regulations of the course. He/she further declares to exonerate the Associazione Mozart Italia Sede di Terni from any 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)