

Registration Florence Leadership Academy

September 2026 – September 2027

I, the undersigned, _____,

born in _____ on ____ / ____ / _____,

residing in _____.

email _____ mobile _____

in my capacity as: **FATHER** ☐ **MOTHER** ☐ **LEGAL GUARDIAN** ☐

and having parental responsibility for the following minor:

Full name: _____

born in _____ on ____ / ____ / _____,

residing in _____.

email _____ mobile _____

Please indicate any **allergies, intolerances, or medications** currently taken by the minor:

I HEREBY AUTHORIZE

the minor named above to participate in the activities organized by **Mission Network Association (Associazione Mission Network)** as part of the **Florence Leadership Academy** project.

I declare that I am aware of the applicable regulations concerning liability and hereby release Mission Network Association from civil liability for any injuries and/or damages that may occur.

Date: _____

Signature: _____

I HEREBY DECLARE

that I have read and understood the **privacy notice** provided by Mission Network Association and attached to the registration form for the Activity, and that I am aware that consent is presumed pursuant to **Article 9(2)(d) of the General Data Protection Regulation (GDPR)**.

I further acknowledge that, should the failure to provide health-related information result in any adverse consequences for the minor, no liability may be attributed to Mission Network Association.

Date: _____

Signature: _____

PHOTOGRAPHY, VIDEO AND INTERVIEW AUTHORIZATION

☐ I AUTHORIZE ☐ I DO NOT AUTHORIZE

the processing of photographs, video recordings, and interviews of myself and the minor taken during the Activity, exclusively for non-profit purposes aimed at promoting the initiatives of Mission Network Association, including publication in magazines and other publications, including online publications, on websites and/or social media platforms.

Date: _____

Signature: _____