

**Event organizer who acquires the document and verify the identity of the signatory:**

Full name: Vittoria Vitale

**DOCUMENT OF PERMSSION FOR THE TRANSMISSION, REGISTRATION AND PUBLICATION OF CONTENTS (audio, video, photographs and statements)**

EVENT: Events at Vitthala-Kshetra Ashram with Paramahamsa Sri Swami Vishwananda

DATE: 09 November 2024

PLACE: Vitthala-Kshetra Ashram - via Campana snc - 02040 Tarano - Rieti

**The undersigned (parents or guardians):**

Surname: ..... First name: .....  
(parent, guardian)

Place of birth ..... Date of birth: ..... / ..... / ..... (Municipality  
- Province or Foreign State)

Residential address: ..... City .....

Surname: ..... First name: .....  
(parent, guardian)

Place of birth ..... Date of birth: ..... / ..... / ..... (Municipality  
- Province or Foreign State)

Residential address: ..... City .....

**Exercising parental responsibility for (fill in the data with reference to each child you wish to register for the events in question):**

Surname: ..... First name: .....

Place of birth ..... Date of birth: ..... / ..... / ..... (Municipality  
- Province or Foreign State)

Residential address: ..... City .....

Surname: ..... First name: .....

Place of birth ..... Date of birth: ..... / ..... / ..... (Municipality  
- Province or Foreign State)

Residential address: ..... City .....

Surname: ..... First name: .....

Place of birth ..... Date of birth: ..... / ..... / ..... (Municipality  
- Province or Foreign State)

Residential address: ..... City .....

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Place of birth ..... Date of birth: ..... / ..... / ..... (Municipality  
- Province or Foreign State)

Residential address: ..... City .....

Surname: ..... First name: .....

Place of birth ..... Date of birth: ..... / ..... / ..... (Municipality  
- Province or Foreign State)

Residential address: ..... City .....

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- that he/she has authorized the filming of his/her image, name and voice and/or other sounds produced by him/her, under the terms and conditions set out below, for the purposes pertaining to the event
- to assume full responsibility for the declarations made and signed, relieving them from any claims and/or actions, including those of third parties
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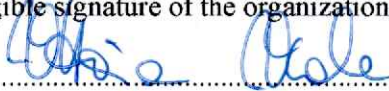
Date: \_\_\_\_\_

Those exercising parental responsibility

\_\_\_\_\_ (signature of parent/guardian)

\_\_\_\_\_ (signature of parent/guardian)

Legible signature of the organizational contact person

.....  


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