

STATEMENT OF AGREEMENT
OF PARENT / GUARDIAN / LEGAL REPRESENTATIVE
REGARDING THE PARTICIPATION OF THE MINOR
IN THE CULTURAL-ARTISTIC EVENT “SAGA presents Calvin Harris”

I, _____ the _____ undersigned,

_____ domiciled in the locality _____, street _____, no. _____,

bl. _____, apt. _____, county / sector _____, identified with C.I. /PASSPORT series _____, no. _____ phone _____ no./e-mail _____ / _____, as a parent / guardian / legal representative of the minor:

_____ domiciled in the locality _____, street _____ no. _____, bl. _____, apt. _____, county / sector _____, identified with C.I./PASSPORT series _____, no. _____, I hereby declare that I assume full responsibility for the minor, I allow his / her participation in the SAGA presents Calvin Harris, event held on 30 July 2022, in SAGA Beach, Mamaia , Constanța, and I assume the responsibility for:

- any incident and injury suffered by the minor as a result of my absence and / or lack of adequate supervision;
- any damage or injury of any kind, caused by the minor, through his fault, to the Organizer or to any other natural or legal persons participating in the Event.

I also declare that I have read and express my full agreement regarding the program (content) of the Event, the hours of development, the specific conditions imposed by the authorities and the Event’s Organizer (contained in the General Terms and Conditions applicable to the Festival, especially those concerning minors), and I undertake to ensure their full respect by both me and the minor that I represent.

I also declare that I agree that, if the minor will not comply with the conditions of participation in the Event, as the case may be, to be excluded from the Location of the event.

I also declare that I agree, in case of need, the minor will be medically assisted or will be provided with the necessary medical care by the qualified medical staff located at the Location of the Event. I also declare that the minor suffers / does not suffer from the following

diseases/allergies: _____, and that he/she is/is not under medical treatment, consisting in the administration of the following medicines: _____.

I also declare that I agree that SAGA FESTIVAL SRL to collect, analyze, process and store / archive the personal data of the undersigned declarant as well as of the minor for whom I

give this statement (data, for example but without limitation, such as: name, age, personal identification code -CNP and passport / identity card, domicile address, etc.) both as a result of the formulation / signing of this Statement and for the purpose of purchasing the ticket / subscription, whose beneficiary will be the minor, and / or participation in the event, SAGA FESTIVAL. By signing this statement I confirm that I have read, have been clearly, correctly, and fully informed, and I fully understand my rights regarding the protection of both my own personal data and the protection of the personal data of the minor.

I hereby also declare that I fully understand and fluently speak English language.

Contact telephone number: _____

DATE : _____

PARENT / GUARDIAN / LEGAL REPRESENTATIVE,

Signature:

This statement must be completed in 2 original copies, signed on both pages; one copy must be handed in at the check-in points, upon receipt of the bracelet for access into the Location, and the other copy must be permanently kept by the minor until exit from the Location.