



## DECLARATION OF LIABILITY FOR MINORS

Parent Name .....and Parent Name #2.....

Telephone Numbers .....

son's name.....

place of birth..... date of birth ..... document n.....

released by.....on.....

Subject to our parental authority and exclusively, with this declaration

### AUTHORIZE

our son to register and take part in all the activities of the IBA event organized by the International Basketball Academy SSD in the manner and places communicated by the Organisation.

By signing this document, **WE ISSUE THE AUTHORIZATION** in the name and on behalf of the minor. **WE DECLARE** that we consider our child sufficiently mature in relation to the responsibilities entailed by participating in the event and in particular to all the rules/duties of the sports association and in particular the rules of behavior, correctness and safety.

**WE DECLARE**, under our responsibility, that our son is in good health and has never suffered, even occasionally, from pathologies and/or impediments relating to non-competitive sporting activity, and has never suffered from allergies and related pathologies, directly or otherwise, to the practice of the planned sporting activities.

**WE AGREE**, should we have requested, to have the organization transport our child from the station or airport to the location of the event and vice versa through the vehicles and personnel made available by the organization

**WE AGREE** to the processing of data pursuant to Legislative Decree no. 196/2003, aware that the processing itself may also concern "sensitive" data, as well as personal data suitable for detecting the state of health. We are aware that the association will request and store only the minimum data necessary for the purposes of carrying out the sporting activity without providing it to third parties.

**With this declaration, the undersigned parents exercising parental authority**

.....e.....

**intend to exempt "International Basketball Academy SSD" and its representatives from any and all liability for accidents that our son/daughter may incur, whether as responsible or as injured party.**

Place....., Date of signing \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of both parents

..... and .....

Signed for acknowledgement:

IBA President

Teoman Alibegovic



With this declaration, the undersigned\_\_\_\_\_ and

\_\_\_\_\_

☐ AUTHORIZE

☐ DENY

our son/daughter\_\_\_\_\_

to go out for activities not connected to the event and not accompanied by IBA Italy supervisors.

N.B. IBA is committed to ensuring that parents' wishes are respected, considering the fact that any violations are to be considered the responsibility of the individual.

IBA, through its managers and coaches, undertakes to promptly communicate any violations to parents.

PARENTS SIGNS

\_\_\_\_\_

\_\_\_\_\_