



Dream Africa

Mia We Zon

PARENTAL AUTHORIZATION

Child's first and last name:.....

Date of birth:/...../.....

School attended:

Country of Residence:

I, the undersigned: acting as parent or legal guardian

- declares to have read the terms and conditions of the internal regulations of Dream Africa's activities

- authorizes my child: to participate in said activities.

IMAGE RIGHTS AUTHORIZATION

I, the undersigned)..... [Name and First Names] acting as parent or legal representative hereby authorizes Dream Africa to publish and use photos and videos taken during our activities for advertising, promotional and/or educational purposes (including publications, presentations or digital media and web content).

___ Yes, I authorize Dream Africa to use my child's photo

___ No, I do not authorize Dream Africa to use my child's photo

Signature: _____

Date: _____