

## FREESTYLE LATIN DANCE CONTEST

**NAME SURNAME MAN:**

**NAME SURNAME WOMAN:**

**PHONE :**

**ADRESS MAN:**

**ADRESS WOMAN:**

**E-MAIL:**

**DIVISION:**

SALSA OPEN

BACHATA OPEN

KIZOMBA OPEN

**DANCE SCHOOL (if it's the case):**

**SUBSCRIPTION FEE: 100 RON/COUPLE**

Paid

UnPaid

You can subscribe only with WEEK FULL PASS, WEEK PARTY PASS

**Type PASS :**

### PERSONAL DATA PROTECTION

The organizer undertakes to comply with the provisions of Law of European Regulation no. 2016/679, regarding the protection of personal data stored during the contest. As such, the organizer is committed in keeping safe the privacy of the participants / winners of this contest and use them according to the Official Rules and legislation.

The participants in the contest, as the persons concerned have, according to Law 2016/679, the following rights: the right to information, right of access to information, the right to modify the data and the right to oppose.

Simply contest and sending personal data to the organizer, participants agree to their data into the database of the organizer to be processed and used in the future solely organizer to inform participants about the new competitions and other information concerning efforts to promote dance and organizer of the festival.

At the request in writing to the participants, the organizer will not use their personal data.

I agree

Signature and date

The organizer undertakes to comply with the provisions of European Regulation no. 2016/679, on the protection of personal data stored during

I certify that all informations in this subscription form are complete and correct.

The competitor allows the organiser , the agents or the sponsor, to film and/or to record the performance and their participation to the event in order to be used in broadcasting, movies, dvds, internet, radio, press, media, any PR composition, etc.

**Along whit this form, the song/ songs for competition will be sent.**

Date

Signature

**Personal Responsibility Affidavit,**

The undersigned, \_\_\_\_\_  
,resident \_\_\_\_\_ county / district \_\_\_\_\_ ,  
telephone / mobile \_\_\_\_\_ , I declare on my honor ,  
knowing the Regulation, as I appropriate execute my body warming and I assume  
any kind of injury, the organizer being absolved of this responsibility.

Date:

Signature :