

## Photo release

Participant's Name \_\_\_\_\_,

Place and date of birth \_\_\_\_\_,

Tax code \_\_\_\_\_

Resident in \_\_\_\_\_ (city/town)

Address \_\_\_\_\_

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\_\_\_\_\_

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Place and date, \_\_\_\_\_

Participant \_\_\_\_\_ (legible signature)

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Place and date \_\_\_\_\_

Participant signature \_\_\_\_\_ (legible signature)