



Współfinansowane przez
Unię Europejską



Appendix No 7

PROJECT Educational Mobility,
implemented at the ZESPÓŁ SZKÓŁ NR 7 IM. SZCZEPANA BOŃKOWSKIEGO
in Warsaw, Poland
as part of the Erasmus+ Programme
Project No: 2025-1-PL01-KA121-VET-000341879

CONSENT DECLARATION
(USE OF PHOTOS AND VIDEOS)

by the participant of the **Erasmus+ Programme** internship (“the **Event**”)

Full name:

Full address:

Date of birth:

(„the **Participant**”)

I, the above named Participant, hereby give

Zespół Szkół nr 7 im. Szczepana Bońkowskiego, ul. Chłodna 36/46, 00-872 Warsaw, Poland

and

.....

(„the **Beneficiaries**”)

permission and grant full rights to use my image, likeness, voice, and/or appearance such may be embodied in any pictures, photos, video recordings or digital images taken, made and/or recorded at the above referenced Event (“the **Material**”).

The Material may be journalistically and promotionally used by or on behalf of the above referenced Beneficiaries within unrestricted geographic area and without any time limit, but, with regard to contents, limited to releases and publications relating to the above referenced Event. I understand that the Material will not be used for any other purpose without additional prior consent from me. The permitted use includes, but is not limited to, reports, illustrations,



Współfinansowane przez
Unię Europejską



bulletins, exhibitions, videotapes, reprints, reproductions, publications, advertisements, press re-leases and any promotional or journalistic material in any medium. In particular, I understand and agree that the Material may be electronically displayed via the Internet including social media platforms and may be published through electronic communication.

I understand and agree that I will not receive any payment or any other consideration for the above use of the Material. I agree that my name and identity may be (but does not have to be) revealed in descriptive text or commentary in connection with the Material.

By signing this form, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby.

Date and place:

Signature:

Parents'/Legal guardians' signature:

Full names:

Date: Signatures:

Warszawa, dn.

Dyrektor szkoły