

Participation Authorization Form

CANDIDATE

Last name :

First name :

Date of birth : / /

Dance School :

☐ Adulte

☐ Minor

PARTICIPATION

Adult candidate

I confirm my participation in the 2027 Entrelacé International Dance Competition and declare that I have read and fully accept the competition rules and regulations.

Minor candidate

I, the undersigned
acting as the candidate's:

☐ Father

☐ Mother

☐ Legal Guardian

hereby authorize the candidate named above to participate in the 2027 Entrelacé International Dance Competition and declare that I have read and fully accept the competition rules and regulations.

IMAGE RIGHTS

I authorize the Entrelacé Association to photograph and/or film the candidate during the competition and related events, and to use these images for communication and promotional purposes, including on its website, social media and other communication materials.

☐ I authorize

☐ I do not authorize

Signed in :

Date : / /

Full name of signatory:

Signature preceded by the words "Read and approved"