

.....  
name and surname of the parent/legal guardian

.....  
place and date

# CONSENT FOR PARTICIPATION IN THEATER WORKSHOPS

[ACADEMY OF ARTS AND CULTURE]

I consent to the participation of my daughter/son (name and surname):

.....

in the workshops (name/type of workshops):

.....

on the dates: .....

In hours from ..... to .....

I declare that I have read the workshop regulations available on the website [www.warsztaty-teatralne.pl](http://www.warsztaty-teatralne.pl)

I declare that my child's health condition allows for participation in theatrical activities.

I am responsible for my child's safety on the way to and from the workshop location.

.....  
signature of the parent/ legal guardian



THEATER  
WORKSHOPS