

Consent of the legal representative of a minor for the participation of the minor in the project 'Roots of Memory'

Personal Data of the participant in the project „Roots of Memory“:

First Name and Last Name	
Age	

Personal Data of the legal representative for contact purposes:

First Name and Last Name of the legal representative	
Email address of the legal representative	

I declare that I am aware of the information regarding the processing of personal data by the administrator, which constitutes Attachment No. 1 to the survey."

.....
(legible signature of the legal representative of the project participant)

I consent to the participation of
(First Name and Last Name)
in the project „Roots of Memory” organized by the Warsaw Rising Museum.

.....
(location, date, and legible signature of the legal representative of the project participant)