**DECLARATION OF LIABILITY**

I, the undersigned,

|  |  |
| --- | --- |
| name: |  |
| mother's name: |  |
| place & time of birth: |  |
| place of residence: |  |
| telephone: |  |
| email address: |  |

a participant in the Artist in Residence Program launched by the Dr. Eva Kahan Non-profit Foundation declare that

* I will use the buildings, objects, tools etc. owned by the Foundation only for their intended use, under my own responsibility, and I accept financial liability for them,
* I will not change or modify the works of art owned by the Foundation in any way and will not use them for my own artworks without prior authorisation,
* I will seek to build positive and collaborative relationships with the inhabitants of San Sano and the residents of the Tosa di Sotto Villa,
* I will seek cooperation with the artist and non-artist guests and residents of the artists' retreat,
* I accept that if I should seriously violate any of the above, my grant will be terminated with immediate effect and I will have to leave the premises of the artists' retreat within 24 hours.

By signing this document, I certify that I have read this declaration, have taken due notice of and fully agree with its content.

By signing this document, I give my consent for the Dr. Eva Kahan Non-profit Foundation to process my personal data and use them for information purposes in the future. I acknowledge that I can modify or withdraw my data and my consent to their processing by the data controller in writing any time. The Dr. Eva Kahan Non-profit Foundation declares that it will always process the data provided hereinabove and any further personal data that may come to its knowledge in compliance with the effective legal regulations and its Privacy Statement.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant