

## CODE OF CONDUCT

I, \_\_\_\_\_ (student name), agree to abide by the following rules of conduct as a participant in the **2026 Varese International Piano Festival** (the "Festival").

1. I understand that participation in the Festival is at the discretion of the Festival director and subject to the condition that I fully comply with the directions of the Festival director and my private instrumental teacher at all times. Failure to conform my behavior to the following standards may result in termination of my Festival participation and immediate departure from the Festival.
2. I will show my Festival identification on request in order to enter the **Civico Liceo Musicale "Riccardo Malipiero"** and I will follow the rules of the **Civico Liceo Musicale "Riccardo Malipiero"** as explained to me at the Festival orientation.
3. I will respect the grounds of the **Civico Liceo Musicale "Riccardo Malipiero"**. I will leave practice and rehearsal rooms clean and orderly. I will recycle water bottles, dispose of trash in appropriate receptacles, and wash any items I may use in the School kitchen. I understand that the Festival is not responsible for my personal property if left unattended.
4. I will never place drinks or food on or near any of the pianos.
5. I understand that use of narcotic drugs is illegal in **Italy**. I will not use, possess, and/or distribute illegal substances including narcotic drugs. If I violate this rule, I understand that the Festival is not responsible for any criminal sanctions that may result from my violation of Italian law including fines and/or imprisonment.
6. If I am over 18, I understand that alcohol consumption is legal in **Italy**. If I choose to consume alcohol, I will do so responsibly and not to excess. I understand that the Festival is not responsible for my choices including intoxication or illness that may result from excessive alcohol consumption. I will not provide alcohol to any Festival participant under the age of 18.
7. If I am under 18, I will not purchase or consume any alcoholic beverages, nor will I request that older participants purchase alcohol on my behalf.
8. I have been advised of the Festival's recommendation to obtain health insurance for the duration of the Festival. I understand that if I require medical treatment or hospitalization, I will be fully responsible for payment of all associated costs.

I have read and agree to these conditions:

Name: \_\_\_\_\_

Student Signature (if student is 18 or older): \_\_\_\_\_

Parent Signature (if student is under 18): \_\_\_\_\_

## AGREEMENT OF PARTICIPATION

I, \_\_\_\_\_ (student name), will attend the **2026 Varese International Piano Festival** from **July 13 - July 24, 2026**.

I understand that my participation in, and attendance at, all Festival lessons, coaching, masterclasses, and concerts is mandatory unless I am specifically excused by my private instrumental teacher.

I acknowledge that my participation in the Festival will involve public performances. I agree that \_\_\_\_\_ (student name) may take part in such performances without compensation.

By registering for the Festival, I grant the Festival and those acting on its behalf, the authorization to:

- (a) Record all students' public performances, participation, and appearances on audio and video media, photograph, film or any other medium;
- (b) Use students' names, voices, biographical materials in connections with these recordings;
- (c) Exhibit and/or distribute such recordings in whole and part, without restrictions and limitations, for any educational or promotional purpose that the Festival and those acting on their behalf deem appropriate.

I agree that all rights in and to any and all recording made of student's performances, including all video media, audio media, film and photographs shall be owned exclusively by the Festival.

I understand that selection for performance in masterclasses and concerts is at the discretion of my private instrumental teacher and the Festival director.

I understand and agree to abide by the Code of Conduct.

I have read and agree to these conditions:

Name: \_\_\_\_\_

Student Signature (if student is 18 or older): \_\_\_\_\_

Parent Signature (if student is under 18): \_\_\_\_\_

**WAIVER**

I \_\_\_\_\_ (student name) understand and agree that as a condition of my use of the facilities assigned to the Festival, I assume all risk of personal injury, death or property loss resulting from any cause whatsoever including but not limited to the inherent risks of the program, breach of contract, breach of statute, or breach of the duty of care on the part of individuals including but not limited to Festival staff, representatives, employees, and agents.

I agree that the Festival, its employees and agents shall not be liable for any such personal injury, death or property loss which occurs outside the program parameters and release the Festival, its representatives, its employees and its agents of all claims with respect thereto.

I have read and agree to these conditions:

Name: \_\_\_\_\_

Student Signature (if student is 18 or older): \_\_\_\_\_

Parent Signature (if student is under 18): \_\_\_\_\_

**MEDICAL RELEASE**

Student Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Age as of **July 13, 2026**: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

**Students without medical insurance are strongly recommended to purchase insurance for the duration of their stay in Italy.**

Health and Dietary Information (If not applicable, enter “None”):

Allergies: \_\_\_\_\_

Dietary and/or Health Restrictions: \_\_\_\_\_

Current medications: \_\_\_\_\_

Recent illnesses or chronic medical conditions: \_\_\_\_\_

Restrictions on activities: \_\_\_\_\_

Emergency Contact Information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Release and Authorization:

I \_\_\_\_\_ give permission for \_\_\_\_\_ to  
(parent or guardian if student is under 18) (name of student) participate fully in all  
activities of the **Varese International Piano Festival** except as noted above and authorize the Festival  
Staff to provide any necessary medical treatment for \_\_\_\_\_ in case of  
(name of student) emergency.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(parent or guardian if student is under 18)

## **DATA PROTECTION & PRIVACY NOTICE (GDPR)**

In accordance with Regulation (EU) 2016/679 (General Data Protection Regulation – GDPR), the Festival collects and processes personal data exclusively for administrative, safety, communication, and promotional purposes related to participation in the Festival. Data may include name, date of birth, contact details, identification information, medical information (if provided), and audio/visual recordings.

Legal basis for processing: contractual necessity, legal obligations, and participant consent.

Personal data will be stored securely and retained only for the period necessary for administrative and legal purposes. Participants have the right to access, rectify, restrict, or request deletion of their personal data and may withdraw consent where applicable.

Data Controller: Varese International Piano Festival, Varese, Italy.

Name:

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_