

**Appendix "A"** (Reservation Request for Associations/Sport Diving Clubs)  
**(recreational and instructional activities)**

Underwriter: \_\_\_\_\_ located at: \_\_\_\_\_  
 Born: dd/mm/yy \_\_\_\_\_ at \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_  
 Home address \_\_\_\_\_ Province \_\_\_\_\_ City \_\_\_\_\_  
 Zip \_\_\_\_\_ Tel. \_\_\_\_\_ Cell \_\_\_\_\_ email \_\_\_\_\_ Emergency Contact \_\_\_\_\_  
 address \_\_\_\_\_ relationship \_\_\_\_\_ Group Leader \_\_\_\_\_

**Cordially Mister Mayor**

Please consider a request for the day/date: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_, with the intent to perform a recreational/instructional dive program including (\*) at Gorgazzo Spring, in Zone, | A | | 1 | | 2 | | 3 |  
 The program is specific to Zone \_\_\_\_\_ and requests the listed persons gain permission to dive the allotted time.  
 This serves as a request for equipment usage in Zone \_\_\_\_\_ during the permitted date/time.

**We have First Aid equipment** |YES| |NO|

**We have qualified First Responders (minimum 2)** |YES| |NO|  
 (if NO, highlight the lead divers listed)

**Listing of the dive participants :**

Last / First Name	Address	Dive Cert/ level	Association/Dive Club

Declaration

The requested consent and permissions to perform a diving program at the Sorgente del Gorgazzo (Gorgazzo Spring) must be considered and approved by the Consiglio Comunale di Polcenigo.

I declare to assume all and direct responsibility for the diving program requested, and hold harmless and exempt from any responsibility or liability the Administration of the Comune di Polcenigo, the Administration of the Centro Pordenonese Sommozzatori, the legal representative(s) or delgate(s) for the Comune di Polcenigo and/or the Centro Pordenonese Sommozzatori.  
 Place and Date \_\_\_\_\_ Signature \_\_\_\_\_

**Consent for use of personal data – D. Lgs. N.196/2003**

In relation to this request, and noted under the current information for articles recognized by D.Lgs. 196/2003,  
 I agree and permit the use of personal information, which is necessary for the purposes of granting the requested services, including the communication and dissemination of my personal data to the responsible parties, for the purpose of, and within the limits indicated, whether made by the aid of electronic means or otherwise, copied or communicated by agency staff or appropriate delegate.  
 I also agree to the verbal information exchange, between responsible parties, limited to the reservation and consent process.

I the undersigned (print) \_\_\_\_\_ Signature \_\_\_\_\_  
 Place and Date \_\_\_\_\_

**A copy of the original permission must be on site, the day of the dive program, with the filing person.**

(\*) person(s) of interest