

Request for permission to take photos and make videos on the premises of the Lidice Memorial

Name:	
Surname:	
Address:	
Email:	
Phone no.:	

I ask for permission to

Photograph	YES / NO*
Film	YES / NO*
Film with a drone	I declare I have secured such permission from Letiště Praha a.s. (attach a copy of the permission) - YES / NO*

To be used in

Private	
Public	

The purpose of and the reason for creating such work	
The date the work is planned to be done	

Consent to using the work

After the work is finished, I agree to send it to the Lidice Memorial and consent to its use for documenting and promotional purposes.
I undertake that the work will not be used in contexts disparaging the message of the Lidice Memorial.
I give my consent to processing my personal data, it being understood that they will not be published by the Lidice Memorial.

.....
Date

.....
Signature