



Thank you for the interest shown in visiting Villa Albani Torlonia. You are kindly requested to complete and return signed the following form.

The undersigned having taken note that photography and video are forbidden within the grounds of Villa Albani Torlonia undertakes to not disclose any information or image about the monumental complex of Villa Albani Torlonia by any means and / or support, without the prior written permission of the Foundation.

**The visits are organized in compliance with the current containment measures for the SARS- CoV-2 virus. As a preventative measure temperature screening will be conducted at the entrance. Visitors with a fever (37.5°C or more) are restricted from access. Each visitor will be asked to fill in and sign this self-declaration, to maintain the safety distances of 1.80 m, to wear a mask during the entire duration of the visit and to wash the hands with the hydro-alcoholic solutions that the Foundation makes available.**

The undersigned declares under its own liability:

- 1) Not to be affected by COVID-19 or not to be subjected to a mandatory quarantine period of at least 14 days;
- 2) Not to be currently suffering from fever with a temperature above 37,5°C and not to accuse at the moment persistent symptoms likewise cough, difficulty breathing, or severe weakness (tiredness).
- 3) Not having had close contacts with person affected by COVID-19 since two days before the occurrence of symptoms and up to 14 days after the occurrence of the symptoms.
- 4) To have been informed and to have understood the containment measures for the SARS-CoV-2 virus.

The undersigned also declares to be informed that the personal data collected will be processed, even with IT tools, exclusively for the purposes related to the activities of the Foundation and that only for this purpose authorizes the processing of personal data concerning him in accordance with the current legislation and the EU 2016/679 the General Data Protection Regulation.

NAME \_\_\_\_\_ SURNAME \_\_\_\_\_

EMAIL \_\_\_\_\_

ID NUMBER \_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_