



Parental Discharge

This parental discharge is mandatory for participants under 18, thank you to bring it completed and signed the day of the event. Any oversight may result in denial of access to the event.

I hereby Mr / Ms

Title: father / mother / guardian (*delete as appropriate*)

Authorize my child [name]:

to participate in the event organized by l'association Reunited Events

on [date]:

in [city]:

I note that participation in an event of Reunited Events requires reading and acceptance of the terms and conditions of the event.

I authorize my child to stay without my surveillance on-site.

In addition, I release the Reunited Events organization of any responsibilities in case of accident or health problems occurring to my child during the event.

I authorize the Reunited Events organization to give my child all medical and surgical care that might be needed in case of accident, emergency surgery, contagious disease or any other serious condition, after consultation a practitioner or emergency services.

I waives the assertion of all claims of any nature whatsoever, including accident, injury, theft, damage to personal property or other occurring during the event.

I also undertake to reimburse the Reunited Events organization for all costs incurred for the health of my child, but also any possible damage caused by it.

I have taken note of the activities to be performed during the event.

I have noted that this authorization is valid only at the place and during the duration of the event.

In an emergency situation the person to contact is:

Name, First Name:

Address:

Phone:

I certify exact and true the information provided above.

Date and signature

"Read and approved"