

NEVASTALGIA
PARENTAL PERMISSION

My child, born/...../....., has my permission to participate to the event, organized by Nevastalgia on/...../.....

PARENT OR LEGAL GUARDIAN INFORMATION

Name/Last name.....
Street address.....
Town..... State
Zip Phone number

I hereby free Nevastalgia of all responsibilities if an accident were to happen to my child during the event.

I allow the transfer of my child to the hospital by an emergency service (Police, firefighters, ambulance) so that can be practiced, in case of emergency, any hospitalization, any surgery, including an anesthesia.

I also commit to refund Nevastalgia all money spent for my child's health but also all material degradations caused by him/her.

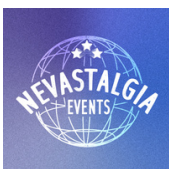
Date

On __/__/____
In

Signature

preceded by the handwritten words
« Read and approved »

Please provide a copy of the ID of the person who signed this form.



NEVASTALGIA
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