



PARENTAL AUTHORIZATION FORM

L A N D C O N

BP 10001 57600 FORBACH FRANCE

I (PLEASE WRITE FULL NAME) :

ACTING AS (MOTHER / FATHER / TUTOR) :

RESIDING AT (PLEASE WRITE POSTAL ADDRESS) :

REACHABLE AT ALL TIMES AT THIS NUMBER (PLEASE WRITE CELL NUMBER) :

HEREBY AUTHORIZE (MY DAUGHTER / MY SON - OR ELSE) (PLEASE WRITE THEIR FULL NAME):

TO ATTEND THE EVENT ORGANIZED BY THE LAND CON (PLEASE WRITE NAME OF THE EVENT) :

AND TAKING PLACE ON (PLEASE WRITE THE DATE(S) AND THE CITY OF THE EVENT) :

I ALSO AUTHORIZE THE LAND CON TO :

- TAKE ANY URGENT AND NECESSARY MEASURE (SUCH AS MEDICAL TREATMENTS, HOSPITALISATION OR SURGICAL PROCEDURES) IF MY CHILD'S HEALTH WAS TO BE ENDANGERED DURING THE EVENT, AND I UNDERTAKE TO REIMBURSE ANY OF ITS POSSIBLE RESULTING COSTS.

- TO TAKE PHOTOGRAPHS OR VIDEOS OF MY CHILD, WITHIN THE CONTEXT OF THE CONVENTION.

BY SIGNING THIS AUTHORIZATION FORM, I AGREE TO THE TERMS AND CONDITIONS OF SALE THAT CAN BE FOUND ON THE WEBSITE. I RELEASE THE LAND CON FROM ANY LIABILITY REGARDING ACCIDENTS OR HEALTH PROBLEMS RELATED TO MY CHILD, DURING THE CONVENTION AS WELL AS ON THE RETURN JOURNEY.

THANK YOU FOR ACKNOWLEDGING THE ABOVE STATEMENT.

DATE AND SIGNATURE