



# HAUTE ROUTE

## PARENTAL CONSENT FORM FOR MINORS

I undersigned

.....

RESIDING

Permanent Address

.....

Postal Code:.....

City:.....

Country:.....

Passport / ID number of parent or legal guardian

.....

Authorize my Son/Daughter (*delete where not applicable*)

.....

Born on

.....

To register and participate in the following Cyclo sportive Event (please indicate the name of event and dates)..... – from..... to

..... 2019 , organised by HAUTE ROUTE S.A.

I authorize the organizer to act as is deemed necessary, in case of medical emergency

Date:

Signature: