

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 (1) ..........................................................................................

Born on .........................................................................................................................

To register and participate in the following Cyclosportive Event (please indicate the name of event and dates)………………………………………………………………………………... – from…………………………….. to …………………………………… 2020 , organised by Haute Route SARL.

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

Date:

Signature:

*(1) delete where not applicable*