

## Pass'Portes Pédestre / Walking Tour 2017

### Parental authorization

I (*name and first name*).....

in the capacity of legal representative father, mother, legal guardian\* of  
the minor child (*name and first name of participating minor*)

.....hereby authorise him/her  
to participate in the **Pass'Portes Pédestre/Walking Tour** on Friday 23<sup>rd</sup>  
or Saturday 24<sup>th</sup> or Sunday 25<sup>th</sup> June 2017\*.

I also allow the minor to get into both French and Swiss territories.

I discharge the organiser of any responsibility in the event of an accident  
and/or theft or damage to their equipment; I have read and accepted the  
event's terms and conditions.

*\*Cross out where applicable.*

...../...../ 2017

#### **SIGNATURE:**

Please send the parental authorization before 22<sup>nd</sup> June 2017:

-Scanned by e-mail: [inscription-pedestre@portesdusoleil.com](mailto:inscription-pedestre@portesdusoleil.com)

-Or by fax: 0033 4 50 73 33 85

-Or by mail:

AIERM - Portes du Soleil  
Pass'Portes Pédestre  
1401, route de Vannes  
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