

Pass'Portes Pédestre / Walking Tour 2018

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 29th
or Saturday 30th June or Sunday 1st July 2018*.

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.*

...../...../ **2018**

SIGNATURE:

Please send the parental authorization before 24th June 2018:

-Scanned by e-mail: 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
F-74390 CHATEL

Association Internationale Portes du Soleil
1401 route de Vannes
F - 74390 Châtel
+33 0(4) 50 73 32 54
www.portesdusoleil.com