

Danza Estonia

INTERNATIONAL BALLET SUMMER WORKSHOP ESTONIA 2017
AUTHORIZATION FOR UNDERAGE PERSON

Parents must fill in and sign the following section for under 18 years old students.

My son / daughter is permitted to travel unaccompanied to and from the International Ballet Summer Workshop

Estonia from Country / from _____ to Estonia / Tallinn and back.
(city name, country name)

I authorize my son /daughter to spend his free time without the supervision of “Danza Estonia “organization and under my son’s/daughter’s own responsibility.

I declare that my son/daughter does not smoke, consume alcohol, drugs or any other illegal substances.

We accept full liability in case of damage caused by my son / daughter to a third party.

I certify that I will not hold “Danza Estonia” liable in case of injury or illness to my son / daughter.

In case of emergency, I give “ Danza Estonia” the permission to take the necessary measures in the interest of my sons’/daughters’ health and safety.

I authorize my son / daughter

State _____

Full Name _____

Country _____

Date of birth _____

City _____

Nationality _____

Address _____

Passport number _____

To participate in the International Ballet Summer Workshop In Estonia from the _____ th of July until the _____ th of august 2017.

Parents Full Name _____

Parents Tel number _____

I have read and accept all the above

Parents Signature _____

Date _____