

# Authorization for underage person



In touch with...  
INNOVATIVE BALLET MASTER CLASS

## Ballet Summer Course ZURICH 2017

I authorize my son / daughter

Name

Age

Date of birth

Nationality

Adress / City

State

Country

Passport number

to participate in the 2017 »ART of« Ballet Summer Course in Zurich  
from the \_\_\_\_\_ th of August until the \_\_\_\_\_ th of August 2017.

I agree to the following schedule:

Monday to Friday from 10:00am until 6:00pm  
Saturday from 10:00am until 3:00pm  
Sunday is a free day

My son / daughter is permitted to travel unaccompanied to and from the Ballet Summer Course,  
from Country / City name \_\_\_\_\_ to Swiss / Zurich and back.

My son / daughter is permitted to travel unaccompanied to and from the buildings of the Ballet Summer Course,  
from Hotel / Hostel etc. name \_\_\_\_\_ to ZHdK  
Zurich University of the Arts  
Pfingstweidstrasse 96  
8005 Zurich, Swiss

My sons' / daughters' accommodation is organized by us and is not under the responsibility of »ART of«.  
(hotel / hostel name and booking dates)

I allow my son / daughter to spend his free time without the supervision of »ART of« under my sons' / daughters'  
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 »ART of« liable in case of injury or illness to my son / daughter.

In case of emergency, I give »ART of« the permission to take the necessary measures in the interest of my sons' / daughters' health and safety.

If the underage person is accompanied by an adult in Zurich:

Full name \_\_\_\_\_ Relation to the underage person \_\_\_\_\_

Phone number (in case of emergency) \_\_\_\_\_

I hereby certify that all the Information I gave is truthful and correct and I hereby declare that I have read and accept all the above.

Parents / Legal guardian name: \_\_\_\_\_

Parents / Legal guardian phone number: \_\_\_\_\_

Date: \_\_\_\_\_ Parents / Legal guardian Signature: \_\_\_\_\_

Please complete the form in full and return it to us signed.