

# Authorization for underage person



In touch with...

INNOVATIVE BALLET MASTER CLASS

## Ballet Summer Course ZURICH 2019

I authorize my son / daughter

Name

Age

Date of birth

Nationality

Adress / City

State

Country

Passport number

to participate in the 2019 ART of Ballet Summer Course in Zurich

from the \_\_\_\_\_ August until the \_\_\_\_\_ August 2019.

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 Switzerland / 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  
Pfungstweidstrasse 96  
8005 Zurich, Switzerland

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: