

IMC SAILING CAMP VENICE (ITALY) 2019
AUTHORISATION FORM

Name of the Parent or Legal Guardian
of the Participant (name)
Birth date of the Parent/Legal Guardian.....
Address.....
Phone
E-mail.....

I hereby:

1. **authorize** the above mentioned young person to take part in the IMC Sailing Camp in Venice (Italy) from 23 July 2019 to 02 August 2019;
2. **authorize / don't authorize** the above mentioned young person to return home on his / her own at the end of the IMC Sailing Camp;
3. (*Just in case of non-authorization*) **declare** that the person in charge of the young person's withdrawal at the end of the Sailing Camp, is Mr./Mrs..... (Document type.....number);
4. In case of free exit out of the College, during the Sailing Camp:
 - ⓪ **authorize** my son/daughter/person of which I am the guardian, to go out alone;
 - ⓪ **want** my son/daughter/person of which I am the guardian to be always accompanied by an adult;
5. **authorize** my son/daughter/person of which I am the guardian, to take part in all the activities arranged for the Camp;
6. **exempt** the organisers of the Sailing Camp from any liability in case an accident occurred to my son/daughter/ person of which I am the guardian, during the Sailing Camp;
7. **declare** that my son/daughter/person of which I am the guardian, is able to swim in a sufficient skill;
8. **declare** that the above mentioned young person is in good health and physical condition and can participate without limitation in the activities of the Sailing Camp (see Health Certificate);
9. **declare** that the participant has the necessary insurance cover for travel, medical and personal liability;
10. **confirm** that my son/daughter/ person of which I am the guardian, understand that he/she may not use tobacco or consume drugs and alcohol during the Sailing Camp and has to strictly respect the rules and orders necessary for the safe running of the activity

Signed by the Parent/Legal GuardianDate