

# Authorization for underage person



In touch with...

INNOVATIVE BALLET MASTER CLASS

## Ballet Summer / Winter \* Course ZURICH

I authorize my son / daughter

Name

Age

Date of birth

Nationality

Adress / City

State

Country

Passport number

to participate in the ART of - Ballet Summer / Winter \* Course in Zurich (please insert the year & \*delete if not applicable)

from the (please insert the date) until the (please insert the date)

I agree to the following schedule:

Monday to Friday from 10:00am until 5:00pm  
Saturday from 10:00am until 2:00pm  
Sunday is a free day

My son / daughter is permitted to travel unaccompanied to and from the Ballet Summer/ Winter \* Course (\*Please delete if not applicable),  
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 / Winter Course,  
from Hotel / Hostel etc. (please insert the name & address) \_\_\_\_\_

to Tanzwerk101  
Pfungstweidstrasse 101  
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 (Organizers) liable in case of injury or illness to my son / daughter.

In case of emergency, I give ART of (Organizers) 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.  
\* Please delete if not applicable.