Authorization for underage person

In touch with...
INNOVATIVE BALLET MASTER CLASS

Ballet Winter Intensive DRESDEN

I authorize my son / daughter

Name

Age

Date of birth

Nationality

Adress / City

State

Country

Passport number

to participate in the ART of - Ballet Winter Intensive in Dresden (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:

Daily from 10:00am until 5:00pm

My son / daughter is permitted to travel unaccompanied to and from the Ballet Winter Intensive Dresden,
from Country / City name _____ to Germany / Dresden and back.

My son / daughter is permitted to travel unaccompanied to and from the buildings of the Ballet Winter Intensive Dresden,
from Hotel / Hostel etc. _____ (please insert the name & address) _____
to Palucca University of Dance Dresden
Basteiplatz 4, 01277 Dresden,
Germany

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 Dresden:

Full name Relation to the underage person

Phone number (in case of emergency)

Note here ☐ 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:

THIS FORM IS NOT VALID WITHOUT A PARENT OR LEGAL GUARDIAN SIGNATURE

Please complete the form in full and return it to us signed.
* Please delete if not applicable.