

# MINOR CONSENT FORM



I, the undersigned, \_\_\_\_\_

Parent/guardian/legal representative

of the minor \_\_\_\_\_

Born in \_\_\_\_\_ on \_\_\_\_\_

Resident in \_\_\_\_\_

Street \_\_\_\_\_ ZIP Code \_\_\_\_\_ Province \_\_\_\_\_

## AUTHORIZE

Full Name: \_\_\_\_\_

To participate in the sports event named: \_\_\_\_\_

Scheduled to take place on: \_\_\_\_\_

## I DECLARE THAT I:

- Have read and accept the rules and regulations of the event;
- Release the organizing body from any liability for damages and/or expenses arising from participation in the event.

Read, confirmed, and signed

Date: \_\_\_\_\_ Place: \_\_\_\_\_ Signature: \_\_\_\_\_

ASD PPRTEAM CYCLING

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