



## AUTHORIZATION FOR PARENT/GUARDIAN

Mr./Mrs. (name of father, mother or guardian)

\_\_\_\_\_

with ID Card / Passport no. \_\_\_\_\_, and address

\_\_\_\_\_

Town/City - Country: \_\_\_\_\_ Zip Code \_\_\_\_\_

as parent / guardian of **(name of participant)**

\_\_\_\_\_

Authorized, by this document, this to register and participate in "**8 KM Sant Ferran - La Savina**" to be held Formentera on May 11<sup>th</sup>, 2024 and further authorizes the organization of the test to the free use of the name and any image in any publication or media taken during testing of the child.

Date: \_\_\_\_\_ 2024.

Signature:

**IMPORTANT:** This authorization must be presented when collecting the dorsal enrollee along with Photocopy of the parent or guardian. Do not submit the same in the manner prescribed prevent removal of dorsal and therefore participation in the race, not be entitled to reimbursement of the registration fee.