Parental Consent



I, Mr/Mrs	(fi	(first and last name of one legal guardian),			
(father/mother/legal tutor), authorise my daugther/son					
(child's first and last name)	born	(month day	, year) to attend the eve	ent	
	(name of the ev	vent) on		(date	
of the event), organised by	Waves Conventions i	n			
(location - name of the ven	ue and city, country).				
I note that by signing this a	nd allowing my child	to participate in the	convention by Waves		
Conventions I have read ar	id accepted the terms	and conditions of t	he event.		
I hereby release Waves Cor	nventions of any respo	onsibilities in case o	f an accident or health		
problems happening to my	child during the conv	ention.			
I understand and agree that	t Waves Conventions	cannot be held liab	le in case of any issue		
happening while my child t	ravels between the co	onvention's location	and their home.		
I waive my right to any clair	ms of any sort in case	of an accident, inju	iry, theft, damage of pe	rsonal	
property or anything else h					
I bind to all sorts of reimbu	rsement to Waves Co	nventions in case of	any damage being cau	ised by	
my child during the event. I have taken note of all the	activities offered duri	a this overt			
I attest that the following in		-			
In case of an emergency pl	ease contact:				
First and last name:					
Home address:					
Phone number:					

⁽City, Date and Signature)

Note: please do not forget to bring a copy of the ID of the person who filled out this form!