



AUTHORIZATION FOR PARENT/GUARDIAN

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

with ID Card / Passport no. _____, and address in

Town / City - Country: _____ Postal Code _____

as parent / guardian of (name of participant)

authorized by this document this to register and participate in "**8 KM Sant Ferran - La Savina 2020**" to be held Formentera on October 10, 2020 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: _____ 2020.

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 test, not be entitled to reimbursement of the registration fee.