

Declaration of consent by legal representatives on the attendance of an underaged person at the International Prayerfestival in Marienfried 09th – 13th August 2017

First name, last name _____

Address: _____

Date of birth: _____

Health insurance company: _____

Custodian:

Last name: _____ First name: _____

Address and telephone: _____

Place, date, signature of the custodian

Contact address of legal representative during the period of the Prayerfestival

We can be reached at this address/number: _____

Has your child been immunised against tetanus? Yes , date: _____ No

Does your child have a disease we should take care of? Yes No

If yes, specify _____

Does your child have to take any drugs during the prayerfestival? Yes No

If yes, specify _____

Is your child allergic to something? Yes No

If yes, specify _____

Declaration of consent by legal representatives:

I hereby declare my consent on the attendance of my son/daughter at the International Prayerfestival 09th to 13th August 2017.

In case of an accident or sickness I entrust it into the event management's judgement to consult a doctor or hospital for the purpose of medical examinations. I authorize the event management to pass my contact information on to the doctor in order to get any necessary consent.

I agree that the organisation team of the International Prayerfestival may give instructions of conduct to my son/daughter during the time of the prayerfestival.

YOUTH 2000 is released from all consequences of obligatory supervision if my child leaves the event without proper permission or does not follow the event personnel's instructions.

I agree that my son/daughter may be banned from the prayerfestival and sent back home if he/she continuously fails to follow the team's orders. I consent to be charged for the costs of such a return trip both for my child and possibly a custodian if the event organizers consider it necessary.

Place, date, signatures of all legal representatives