

## Delta Survival School

The Course :

FROM \_\_\_\_\_ TO \_\_\_\_\_ Place \_\_\_\_\_

Participant's name: \_\_\_\_\_ Participant's first name: \_\_\_\_\_

Date of Birth : \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Residence : \_\_\_\_\_

CNS registration number: \_\_\_\_\_

In the event of a medical emergency, I authorize the organizers to contact the Pompiers, the SAMU and have my child transported to the hospital center.

I ask the organizers to inform me immediately and I will be reachable 24 hours a day

Phone of the person in charge: \_\_\_\_\_ Name of the person in charge \_\_\_\_\_

2nd contact in case of emergency: \_\_\_\_\_

My child has allergies YES  or NO  (Please mark the correct answer)

If so, which: \_\_\_\_\_

During the internship will he have to take medical treatment: yes  or  no (Please mark the correct answer)

If so, provide the medications to us in a closed bag in the name of the child with a duplicate of the prescription and the exact number of medications to be given (no full box to avoid overdose).

**Note:** (tell us anything you think will be useful regarding your child's health)

### Informed consent and recognition

I hereby give my consent for my child's participation in all activities prepared during the selected activity. In exchange for the acceptance of the candidacy of said child by the organizer I assume all the risks and dangers associated with the conduct of the activities, and I release, absolve and release the organizer from any liability for the injuries of said child resulting from the travel, participation or return from the selected camp sessions.

In the event of injury to said child, I hereby waive all claims against the organizer including all coaches, instructors and affiliates, all participants, owners and lessors of the premises used to organize the event. There is a risk of injury inherent in all sporting activities. Some of these injuries include the risk of fractures, paralysis or death, among others.

I, the undersigned LAST NAME + NAME ..... Legal representative of the child:

Authorize my son or my daughter to participate in the internship ..... Organized

From ..... At ..... Place .....

I agree to come and pick it up at the end of the internship on ..... To ..... or to notify the organizer in the event of force majeure.

Read and approved, date + signature