

AUTHORIZATION FOR MINORS KLASSMARK

I,	with NIF, of
legal age, residing at	in the town of
, as father/mothe	er and/or guardian/responsible o
	, with NIF, mino
residing at	in the town of
have read, understand, and accept the K	LASSMARK regulations. Likewise, I ensure
that the minor is aware and knowledgeable	
event to be held on the	e day of 20
Therefore, I assume all the risks that particip	pation in the event entails.
Therefore, I AUTHORIZE ,	
That	participates in the even
with which I take fu	Il responsibility for any incidents and/o
accidents that may occur to the minor auth	orized in this authorization and release the
event organization from all responsibility, v	without prejudice to the coverage that the
mandatory insurance guarantees.	
Signature,	
Father/mother/responsable of	The minor
Name	Name
NIF	NIF
, on the day of	20