



Scout Week in Taizé

23rd to the 30th July 2017

Parental consent form for minors (scouts under 18)

I, the undersigned (*Name, Surname*)

resident in (*House Number, Street, ZIP, City, Country*)

Telephone (*available during the event*)

as parent / as legal guardian

of (**Name, Surname**)

born on (**Date of birth**)

in (**Place of birth**)

**I consent that he/she may take part in the Scout Week in Taizé, France,
23rd to the 30th July 2017.**

Allergies and medication

Specific obligations and restrictions

For scouts aged 15 and 16: I delegate responsibility for this minor to scout leader (*Name, Surname, Date of birth, Place of birth, Address – House Number, Street, ZIP, City, Country*):

I acknowledge that the Organiser, the Community of Taizé, or any entity involved in the organisation of the Scout Week in Taizé 2017 do not assume responsibility for this minor or for any possible damage caused by this minor during the Event.

I declare that I am the legal guardian of this minor and I assume full responsibility for any damage caused by this minor during this Event. I also declare that the information provided above is correct.

Done at (place, date)

Signature