



Parental Certificate

I, ..... father, mother, legal tutor of child ....., authorize him/her to participate in the activities supervised by the Magic Surf School instructor. I certify that he/she is medically capable of participating in any physical activity. Moreover, in the case of an accident to said child due to his/her lack of physical or medical capabilities, or his/her non compliance to the instructor's directions, I relieve the Magic Surf School of their responsibility.

At ..... The.....  
Initials (read and approved) :

OR

Attestation Parentale

I, ..... father, mother, legal tutor of child ....., authorize him/her to participate in the activities supervised by the Magic Surf School instructor. I certify that he/she is medically capable of participating in any physical activity. Moreover, in the case of an accident to said child due to his/her lack of physical or medical capabilities, or his/her non compliance to the instructor's directions, I relieve the Magic Surf School of their responsibility.

At ..... The .....  
Initials (read and approved) :

In the case of an accident

Contacts to inform:

Last name: ..... Given name(s): .....

Home phone number: ..... Personal phone number: .....

Medical problems to take into consideration:

.....  
.....

Photo/Video authorization

I, .....  
authorise Magic Surf School to film and take photographs of me/my child in the context of my/his/her surfing courses and authorize the School to use said photographs and videos as marketing tools as well as on the website magicsurfschool.com.

At ..... The .....  
Initials (read and approved) :