## Parent/Guardian Authority

| If you are under 18 years of age a parent/guardian must sign below to acknowledge acceptance of this declaration. |        |
|---|--------|
| Parent/Guardian Name:   |        |
| Address:  |        |
|   |        |
| Postal code:  | Email: |
| Mobile:   | Phone: |
| Signature:  |        |
| Date:   |        |