



PARENTAL CONSENT

17-year-old autonomous for an activity

I, the undersigned

Full name: _____

Address: _____

Main phone number: _____ Alternative number: _____

Responsible for the child

Full name: _____

Date of birth: _____

Authorize them to participate alone in the following activity:

- Treetop adventure
- Sea kayak
- Via ferrata

Date of activity: _____

Considering that the activity involves potential risks, I authorize the **Parc Aventures Cap Jaseux and its partners** to give all the necessary care. I also authorize the **Parc Aventures Cap Jaseux and its partners** to make the decision in the case of an accident to transport (by ambulance, helicopter, coast guard or otherwise) the child under my responsibility to a hospital or community health facility, all of which, if necessary, at my own expense.

Signature of the responsible adult

Signed in _____, on _____.