

MINOR ACCESS AUTHORIZATION.

EVENT:

VENUE:

DATE:

MINOR PERSONAL INFORMATION.-

NAME AND LAST NAME:

MINOR ID: Attach photocopy

MINOR DATE OF BIRTH:

MINOR TELEPHONE:

MINOR ADDRESS:

ADULT PERSONAL INFORMATION.-

NAME AND LAST NAME:

ADULT ID: Attach photocopy

MOBILE PHONE:

EMAIL ADDRESS:

POSTAL ADDRESS:

Important: Please, **write down the real relationship** between the adult and the minor and **cross out the incorrect relationships**. FATHER / MOTHER / LEGAL GUARDIAN.

- I manifest and express through the current document my consent as a parent or legal guardian, as well as I accept my responsibility, that the aforementioned minor may access the event site indicated above in my company.
- I declare and accept without restrictions that I know the conditions of purchase and sale of tickets exposed to minors. Also, I am the sole responsible for their protection and custody and I am committed to ensure their safety and welfare during the celebration of the event.
- I accept that if the organization does not locate the parent or legal guardian with the minor, an immediate expulsion of the minor will be carried out, and the promoter's responsibility in the custody of the minor is exonerated.
- I approve the responsibility of preventing the consumption of substances such as alcohol, tobacco or narcotics by the minor; as well as to avoid any situation of risk or danger to the minor, or that the minor themselves may cause.
- I exempt the company organizing the event from any type of responsibility for the damages or losses that the minor may suffer or cause, and I am the sole responsible for the aforementioned damages that could be caused.
- I declare that I have been informed of the data protection policy and accept the processing of my data.

Finally, I strongly agree that the entity will not return the amount paid by the minor as well as I agree that the entity could refuse to admit the minor on the venue, in case of having breached any of the conditions or not having provided the correct and necessary documentation.

Signed by:

ID number:

Trim this document from this line down

AUTHORIZATION RECEIPT:

Minor's name and last name:

Adult's name and last name:

IMPORTANT:

Show this receipt at the organization's request.
Keep this receipt until the exit of the venue.