



Parental Consent

I, the undersigned,

Name :
First Name :
Born in :the
Adress :

Hereby authorizes

Name :
First Name :
Born in :the
Adress :

For whom I am legally responsible and over whom I exercise parental authority as **Father - Mother - Guardian**,

- To perform a tandem skydive
- To undertake AFF training and jump solo after obtaining the license

At Paraclub Namur (CERPS) on(date of skydive / AFF start date)

Date and signature of the legal guardian

NB: Attach a copy of the legal guardian's ID card and of the person jumping (front and back)