**PARENTAL AUTHORIZATION**

(For participant under 18 Y.O. and participant with extended minority)

**A copy of this document has to be send (by post or e-mail at least four weeks before the start of the activity) at**

LIVET Raphaël

Compagnons Bâtisseurs asbl

9. Place Albert 1er

6900 Marche-en-Famenne (Belgium)

Or

incoming@compagnonsbatisseurs.be

**The participant has to take and keep the original with him/her during all his/her stay in Belgium**

To be completed by the parents/legal tutor/guardian

I undersigned……………………………………………………………………………………………………………………

* Mother
* Father
* Legal tutor

Authorize (name and first name)………………………………………………………………………………………………

To participate at the Compagnons Bâtisseurs activity

Code and name of the project: CBB………………………………………………………………………………………………………

Dates of the project: from…………………………to…………………………………………………………………………

During his/her stay:

-I place him/her under the responsibility of the Compagnons Bâtisseurs Association

-I agree in case of need or emergency to give the responsibility to a qualified medical personnel, to do any action (medical treatment, hospitalization, surgical operation ...) necessitated by the state of the participant.

-I authorize him/her to travel alone in Belgium to reach his/her project.

-If the participant doesn’t respect the rules during the project, CBB could ask him/her to leave the project before the end. In this case, I’ll be there to welcome him/her

-My Emergency phone number: ……………………………………………………………………………………..

-I allow CBB to use pictures of the participant in order to promote its activities

Place and date: …………………………………………………………………………………………………………………

Signature: ……...................................