

**Parents / Tutor Authorization**

Date : \_\_\_\_\_

We undersigned, Parents/Tutors\* of \_\_\_\_\_

duly authorize him/her to take part, in the frame of Skydive Spa, to an AFF Skydiving Course consisting of :

- One theory and ground training course
- 10 minutes of coached wind tunnel
- 7 jumps (minimum) with one or two Instructors (a description of the formation is available on our website at : <https://www.skydivespa.be/en/pro/formation-aff> )

We have read and understood

- the General Conditions : <https://www.skydivespa.be/en/sauter/conditions-generales>
- the information regarding Safety : <https://www.skydivespa.be/en/pro/reglement-securite>
- the information regarding the insurance covering , on a yearly basis, the activity of Skydiving. : <https://www.skydivespa.be/en/pro/documents-pro>

Signatures

Mr. \_\_\_\_\_  
Father / Tutor \*

Mrs. \_\_\_\_\_  
Mother / Tutoress \*

\* Select the appropriate