



# FLS International PARENTAL AUTHORIZATION

(This section must be completed for participants under the age of 18).

I, the undersigned, \_\_\_\_\_, (father / mother / guardian) of:  
\_\_\_\_\_, age \_\_\_\_\_, authorize FLS International to  
authorize any necessary emergency measures, both medical and surgical, including the  
possibility of hospitalization, in case of illness or accident.

In addition, I agree to hold harmless FLS International from all claims, actions, suits, liabilities,  
costs and expenses arising out of or connected to this program, unless and to the extent  
caused by negligent acts or omissions on the part of FLS.

City: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent Signature: \_\_\_\_\_