

PARENT/GUARDIAN AUTHORISATION

Athletes under 18 · Associação Evian Boxe · Tax ID (NIPC) 519156340

Athlete details

Full name: _____ Date of birth: ____/____/____

Programme: ☐ Educational Boxing (ages 8–12) ☐ Boxing Maintenance/Competition (ages 13–17)

Health issues, allergies or other information we should know: _____

Parent/guardian details

Full name: _____ Relationship: _____

Phone: _____ Email: _____

Emergency contact (if different): _____

I declare and authorise that:

1. Participation. The minor named above may take part in the free trial class and, if I enrol them, in Evian Boxe classes until I revoke this authorisation in writing.

2. Fitness. To the best of my knowledge, the minor is in suitable physical condition and health to practise boxing, and I have told Evian Boxe about any relevant issue. I will report any change.

3. Awareness of risk. I have been informed that boxing and combat training involve physical contact and intense effort and that, even with technical supervision, suitable equipment and controlled contact, injuries may occur. I accept these risks on the minor's behalf, knowingly and voluntarily.

4. Assumption of responsibility. To the fullest extent permitted by law, I waive, on my own behalf and on the minor's, any claim against Associação Evian Boxe, its officers, coaches and volunteers for injuries or damage resulting from the normal risks inherent to boxing and training, occurring without wilful misconduct or gross negligence on their part.

5. Rules. I have explained to the minor that they must follow the coaches' instructions, respect other participants, use protective equipment, and say immediately if they feel pain or unwell.

6. Emergency. I authorise the first aid needed and the calling of emergency services (112) in case of an accident or illness, and ask to be contacted immediately.

7. Leaving the class. ☐ The minor **may leave alone** at the end of the class. ☐ The minor may only leave with: _____ (name and phone of authorised persons).

8. Images (optional). ☐ I consent ☐ I do not consent to photographs and videos of the minor being taken and published on Evian Boxe's website and social media. I may withdraw this consent at any time by email.

9. Personal data. I have read the Privacy Policy and agree to the processing of the minor's data and mine, including the health information I provide, for the purposes described there.

Place and date: _____

Parent/guardian signature: _____

Hand in signed on the day of the class, or send to evianboxe25@gmail.com. Without this authorisation, the minor cannot take part. · Evian Boxe · Estrada Principal 27, Campo Raso, 2710-140 Sintra · +351 915 890 217