



PARENTAL CONSENT

I, the undersigned, Mr/Mrs/Ms

.....

Father/Mother/Legal Guardian of Mr/Miss

.....

Born:.....

Authorizes the child named above to practice all the activities proposed by the SDFS, through its EQUINOXE School and in particular scuba diving, whether to follow a training as a young diver or to explore.

I am informed that the practice of this activity may require evacuation by the emergency medical services and I expressly authorize all the people involved in the rescue chain to proceed with the appropriate gestures and actions.

Tick box if below is applicable

In addition, I authorize the child aged 12 years old to benefit from the age exemption to follow a Level 1 Diver training, subject to the expressed will of the child, the favorable opinion of the teaching team and the management of the center, and written medical agreement.

Done at Beau Vallon, on.....

for service and due process of law.

Child's Signature _____

Signature of the person in charge _____

Signature of the Instructor legally responsible for the Dive School _____