

TO BE HANDED IN ON THE DAY OF ARRIVAL

Mr/Mrs/Ms.

Passport/Identity card number

Father/Mother of the pupil:

By signing this document I authorize La Gerencia (Club Deportivo CAFCA), NIF G-39413588, to take my child to a health center or the hospital and follow any medical advice in case of an accident or illness during his / her stay in the equestrian colonies. In case of extreme emergency or if the parent is uncontactable, I accept the decisions of the medical personnel to treat my child as deemed necessary.

I authorize that my child takes part in excursions, cultural visits and activities outside of normal riding schedules as organised during their stay at C.E. La Gerencia (Club Deportivo C.A.F.C.A.). The organisers reserve the right to make descisions with respect to my child during these activities.

By signing this agreement, you release C.E La Gerencia (Club Deportivo C.A.F.C.A.) and its officers and employees from any liabilities from any damage, loss, accident, injury, etc. suffered by my child during their stay including transfers to and from the bus stations and airports.

The undersigned accepts all the risks to the child associated with the sport and understands that equestrianism involves risks due to the unpredictability of animals.

Name, signature, date and passport number.
