



Hereby I,		, the resp	onsible parent / guardian,	allow my
daughter / my son /	my ward			
Name:				
Surname:				
Date of birth:				
•		•	erence from 22 February 2 is participation also include	
persons or objects tl	_	ne MainMUN team i	esponsible for any damag s not responsible for the p ührsorgepflicht).	
My Contact details fo	or emergency cases:			
Name:				
Address:				
Phone:				
(Place, date)		 (Signature)		