

Parental Consent & Transfer of Supervisory Duty for Minors

Summer Stuntfest 2026



Child's Name: _____

Date of Birth: _____

Hiermit erkläre/n ich/wir als Erziehungsberechtigte/r:

I / We, as the legal guardian(s), hereby declare that our child is permitted to participate in Summer Stuntfest 2026 from July 10–12, 2026.

1. Transfer of Supervisory Responsibility

For the duration of the event, we transfer supervisory responsibility for the above-named minor, for the entire stay on the event premises, to the following adult:

Name of Supervising Person:

Date of Birth:

Address:

Mobile Number:

2. Parent/Guardian Contact Information

Name of Parent/Guardian:

Mobile Phone (Emergency):

Additional Phone Number:

3. Health Information (*optional*)

Allergies / Medical conditions / Special notes:

Required medication:

4. Medical Emergencies

I / We authorize the supervising person and the event organizer to arrange necessary medical treatment in case of emergency if the legal guardian(s) cannot be reached in time. ☐ Yes ☐ No

5. Liability & Responsibility

I / We acknowledge that:

- supervisory responsibility during the event lies with the above-named supervising person
- the event organizer does not provide continuous individual supervision for minors
- instructions from event staff and organizers must be followed
- serious misconduct may result in removal from the event

6. Data Protection Notice

The data collected in this form will be used solely for the organization and execution of Summer Stuntfest and will not be shared with unauthorized third parties. The event organizer's data protection policies apply.

Important for Check-In

- This form must be fully completed and signed
- Minors may only enter the event area accompanied by the listed supervising person
- Without a supervising person, minors are not permitted to stay on the premises

Signatures

Place, Date: _____

Signature of Parent/Guardian

I confirm that I accept supervisory responsibility for the above-named minor for the duration of the event.

Place, Date: _____

Signature of Supervising Person