



AUTHORIZATION PARTICIPATION OF MINORS

On the occasion of the celebration of the event called EPIC GRAN CANARIA, parents or guardians are requested to authorize their participation.

Me Mr/Mrs _____, with ID _____
Address _____ and
telephone number _____ as the parent/guardian of the participant. authorizes
with ID _____
, to participation in the EPIC GC in the following stages:

- EPIC GRAN CANARIA JUNIORS (14-16 Años) *Cadete or Junior In the Canarian Federation
- EPIC GC I 2 ETAPAS (17 Años)

At _____ on the date _____ February 202_.

Sing by
Father/ Mother/tutor

