



# O.R. WORLD ASSOCIATION

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## PARENTAL AUTHORIZATION

### MINOR MEMBER OF THE ASSOCIATION

 ENGLISH

I, the undersigned,

Name of parent or legal guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Authorize my child:

Last name: \_\_\_\_\_

First name: \_\_\_\_\_

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

To join the association "O.R. World Association" as a minor member.

I also authorize their participation in volunteer activities offered by the association

I authorize the use of their first name and/or image in internal publications (website, blog, social media), in compliance with image rights

This authorization is valid for the entire duration of the membership, unless revoked in writing.

Done at: \_\_\_\_\_ On: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature of parent or legal guardian: \_\_\_\_\_