



Parental authorization

I, the undersigned, _____ father/mother/legal guardian
(please circle) do hereby authorize my son / my daughter _____

- to participate to the International Music Academy of Colombes which is not under the regulation of holiday centers for teenagers' regulation;
- to participate to the Academy under his/her full responsibility (in France or abroad);
- to travel alone to come to and to leave the location of the Academy, and to leave the Academy before its end in case of expulsion

I agree to any medical or surgical attention deemed necessary for my son's / my daughter's health.

Besides, I undertake to pay back to Opus Artis Paris all medical, surgical, pharmaceutical and other costs given as an advance to my child.

I understand that if for any reason my child is expelled from the Academy no refund of participation fees will be given.

I agree that I have read, understood and accepted the conditions described on the « Conditions pratiques » pages.

I understand that the programs printed on this website/brochure were edited in all good faith and that in no case the International Music Academy could be held responsible for any changes occurring in the dates or the programs of the Academy.

Place of signature : _____

Date of signature : _____

Signature of parent (Precede signature with the written note "Read and approved. Parental authorization given") :