

AUTHORISATION FOR HOTEL STAY OF MINOR GUEST

The undersigned _____
as the parent/legal guardian of the minor
(first name and surname of the minor) :



DECLARES TO AUTHORISE Adult:

Name _____ Surname _____

As the responsible accompanying adult.
for the aforementioned minor's stay at the accommodation facility.
Hotel La Parigina located at Viale Miramare 12/14.
in Lignano Sabbiadoro

for the period from _____ to _____

And assumes full responsibility for all activities
carried out by the minor throughout the stay
and relieves the owners and management
of the hotel/accommodation facility,
its employees, collaborators and agents, from any liability
towards the minor or third parties.

Signature of the responsible accompanying person _____

In case of emergency, please contact the following numbers:

Mobile 1: _____

Mobile 2: _____

Attached is a photocopy of a valid identification document.
of the parent/legal guardian and accompanying person.

Lignano Sabbiadoro

Date _____ SIGNATURE (Parent/Guardian) _____