

CONSENT FOR MINOR CHILDREN TO TRAVEL ON HUDSON VALLEY AC INTERNATIONAL TOURS

Date: _____/_____/_____

I/we: _____ (name/s)
allow our child: _____ (name)
to travel to: _____ (city, country)
from: _____ (city/country)
on date: _____ aboard: _____ (Airline and Flight #)
and to return from: _____ (city/country)
on date: _____ aboard: _____ (Airline and Flight #)
with: _____ (name of HVAC Staff Coach)

During that period our child will be residing at:
Hotel Name: _____ (use first hotel address for first city)
Street Address: _____
City, State, Province: _____
Country: _____

In addition, I (we) authorize Hudson Valley AC Staff to consent to any necessary routine or emergency medical treatment during the aforementioned trip.

Signed: _____ (Parent)
Signed: _____ (Parent)
Address: _____
Telephone #'s: _____
E-Mails (please print): _____

Sworn to and signed before me, a Notary Public,
_____ (name of witness)
This _____ day of _____,
at _____ (name of location)