u18 Form for PolyLAN Zurich

Hereby I ...

Name:_____

Address:_____   ZIP, City:_____

Emergencyphone:_____

... allow my child ...

Name:_____

Address:_____   ZIP, City:_____

Date of birth:_____   Nickname:_____

**... to participate at PolyLAN Zurich Easter 2020
during 10.-13.April.2020**

The admins of the event can not be held responsible for the actions of your child. We will not supervise your child.

Your child may consume media which has a rating of 18+.
e.g. Games with a PEGI rating of 18.
The event organizer will not overview the media
consumed by the participants.

Your child has to follow the GTCs provided on
`https://geco.ethz.ch/gtc.pdf`.

Date:_____

Parent's signature:_____