



AUTHORIZATION ACTIVITIE SHARK CAGE DIVING

Reservation number: _____

Activity date: ___ / ___ / 20__

Name and Surname of the child:

Date of birth:

Address:

Town and country: C.P.:

Contact telephone number:

E-mail:

PATERNAL AUTHORIZATION

I, with ID/Passport number,
as undersigned parent or guardian of, a minor, do
hereby consent to my child's participations the ___/___/20__ in the activity **Become an underwater
observer** conducted by the staff of L'Aquàrium de Barcelona and hereby acknowledge that I am aware of
how the activity is organized.

Guardian Signature

_____ / _____ / 20__