

HEALTHNOTE

Evian Masters Juniors Cup 2012

1 – CHILD

NAME:

FIRST NAME:

DATE OF BIRTH: dd / mm / yyyy

BOY

☐

GIRL

☐

For the stay in Evian-les-Bains from the 19th of July to the 24th of July

2 – VACCINATIONS

Vaccines	YES	NO	LAST VACCINE BOOSTER
Diphtheria			
Tetanus			
Poliomyelitis			
Or DT polio			
Or Tetracoq			
BCG			
Hepatitis B			
Rubella-mumps-measles			
Whooping-cough			
Others (precise)			

3 – MEDICAL INFORMATION ON CHILD

Does the child follow a medical processing during the stay?

YES

NO

IF YES, join the prescription and the corresponding drugs: limbs of drugs in their origin marked in the name of the child with the note

No drug could be taken without prescription.

DID THE CHILD ALREADY HAVE THE FOLLOWING DISEASES?

	YES	NO
Rubella		
Chicken Pox		
Scarlet fever		
Angina		
Whooping cough		
Articular Rheumatism		
Measles		
Mumps		
Otitis		

ALLERGIES: **ASTHMA:** YES NO
 FOOD: YES NO
 DRUG YES NO

OTHERS:

PRECISE THE CAUSE OF THE ALLERGIE AND HOW TO CONTROL IT:

INDICATE THE DIFFICULTIES OF HEALTH: illness, crisis, hospitalization, operation, rehabilitation, by specifying the dates and the precautions to take:

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4 – RECOMMANDATIONS:

Does the child have lenses, glasses, hearing aid, teeth aid, etc...

PRECISE:

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5 – PARENT RESPONSIBLE OF THE CHILD:

NAME.....FIRST NAME.....

I undersigned,, legal responsible of the child declare exact the information carried on this card and authorize the person in charge of the stay to take, if necessary, all measurements (medical treatment, hospitalization, surgical operation) made necessary by the state of the child.

DATE:

SIGNATURE :

Please return completed form by mail, or email at the latest 1st of June to:

EVIAN MASTERS ORGANISATION

Samuel LESECHE

samuel.leseche@danone.com

13-15 rue Taitbout

75009 Paris - France

Tel: 00 33 1 49 48 81 21

Mobil: 00 33 6 25 24 28 64



RIGHT OF USE OF THE IMAGE / FOR CHILDREN
Evian Masters Juniors Cup 2012

We the undersigned Mr / Mrs / Miss (1) _____ (first and last name) **residing at _____**

_____ (address), **hereby authorise, as legal guardians of the child** _____ (first and last name) **Evian Resort its subsidiaries and affiliates (thereafter referred to as "ER") to photograph and film our child during his/her participation at the event EVIAN MASTERS JUNIORS CUP 2012, taking place in Evian-les-Bains, FRANCE, from the 19th of July to the 24th of July), and to use these photographs and images under the following conditions.**

In counterpart of the participation of our child to the event above and of ER taking care of all cost relating to it, we give authorisation to ER for free, to use these images or films for internal or external communication and/or all commercial, advertising and promotional purposes related to the EVIAN MASTERS JUNIORS CUP, to its partners, as well as the ER brand in connection with such events, worldwide and for 5 years from the date of the signature of the present authorisation.

The photographs and images might be duplicated, represented, communicated to the public or adapted on any media and by any means and notably press books and all press medium, TV, cinema, video, internet, intranet, leaflets, mailings, catalogues, posters, promotional articles, advertising campaign, packaging, etc. on condition that the photographs and images produced do not undermine the dignity or reputation of our child.

We, the undersigned, testify that we are fully entitled to grant to ER the hereby authorisation and that we are not bound by any obligation which may limit or be of any hindrance to such right of use, including any request or agreement to be obtained, as the case may be, from any sport federation, club, sport team or any other entity.

Should any difficulties or dispute arise related to the construction and/or the implementation of this authorisation we undertake to do our utmost to reach an amicable settlement with ER, before going to relevant courts having jurisdiction.

(2) Forms signed in _____
On _____

SIGNATURE :

- (1) Please choose from the corresponding options
(2) Prepare 2 forms: 1 for you , 1 to send to EVIAN MASTERS ORGANISATION

Please return completed form by mail, or email at the latest 1st of June to:

EVIAN MASTERS ORGANISATION

Samuel LESECHE

samuel.leseche@danone.com

13-15 rue Taitbout

75009 Paris - France

Tel: 00 33 1 49 48 81 21

Mobil: 00 33 6 25 24 28 64

RIGHT OF USE OF THE IMAGE / FOR ACCOMPANYING ADULTS
Evian Masters Juniors Cup 2012

We the undersigned Mr / Mrs / Miss (1) _____ (first and last name) **residing at _____** (address), **hereby authorise, as accompanying people of the _____** (precise your country) **team, Evian Resort, its subsidiaries and affiliates (thereafter referred to as "ER") to photograph and film me during my participation at the event EVIAN MASTERS JUNIORS CUP 2012, taking place in Evian-les-Bains, FRANCE, from the 19th of July to the 24th of July), and to use these photographs and images under the following conditions.**

We give authorisation to ER for free, to use these images or films for internal or external communication and/or all commercial, advertising and promotional purposes related to the EVIAN MASTERS JUNIORS CUP, to its partners, as well as the ER brand in connection with such events, worldwide and for 5 years from the date of the signature of the present authorisation.

The photographs and images might be duplicated, represented, communicated to the public or adapted on any media and by any means and notably press books and all press medium, TV, cinema, video, internet, intranet, leaflets, mailings, catalogues, posters, promotional articles, advertising campaign, packaging, etc. on condition that the photographs and images produced do not undermine the dignity or reputation of our child.

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Should any difficulties or dispute arise related to the construction and/or the implementation of this authorisation we undertake to do our utmost to reach an amicable settlement with ER, before going to relevant courts having jurisdiction.

2 forms signed in _____
On (date) _____

SIGNATURE :

- (1) Please choose from the corresponding options
- (2) Prepare 2 forms: 1 for you , 1 to send to EVIAN MASTERS ORGANISATION

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PARENTAL RELEASE
EVIAN MASTERS JUNIORS CUP 2012
(One per Child)

Person responsible for the child (parent or guardian):

Last name:

Name:

Address (where you will be reached during the EVIAN MASTERS JUNIORS CUP):

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Zip Code: City:

Country:

Phone (home):

Phone (office):

Phone (mobile):

Child's name and surname:

Date of birth: / /

1) I authorise my child to go to France and to participate in the EVIAN MASTERS JUNIORS CUP 2012 organised by "l'Evian Resort" based in Evian les Bains (underneath after ER).

2) I declare, as the parent or guardian, that I have acquainted myself with the terms of conduct of the EVIAN MASTERS JUNIOR CUP and accept them; thus, I will not claim any damages from "ER" regarding the aforementioned terms of conduct except in order to show, in case of physical harm, ER's possible fault.

3) I also declare that my child is in perfect physical and mental condition to participate in this trip, as well as to take part in sports and other activities planned during this tournament and is not subject to any medical contraindications; if this shouldn't be the case, I undertake to accept full responsibility in this regard.

4) I finally declare that in case my child does not comply with the rules formulated by ER for the conduct and organisation of the World Final of the EVIAN MASTERS JUNIORS CUP, and causes damage to any third party or even to ER, I will take full responsibility for this in my capacity as parent or guardian.

5) I authorise the person in-charge of the stay to take, if need be, all measures (medical treatment, hospitalisation, surgical operation) deemed necessary by the state of the child and have indicated all information relating to my child that could require special attention or treatment in the document attached for this purpose. Examples: allergies, diet, medical history etc...

6) I declare that all information supplied in this sheet is accurate.

Date: / / 2012

SIGNATURE :