



BOOKING #	FLIGHT DATE	FLIGHT #	ORIGIN	DESTINATION

NAME	FAMILY OR SURNAME	AGE	GENDER	GROUND STAFF – CHECK-IN

PARENT / GUARDIAN / AUTHORISED PERSON DECLARATION – DROP OFF PERSON		SIGNATURE
FULL NAME		
RELATIONSHIP TO MINOR(S)		
ADDRESS		
CONTACT PHONE #		
<ul style="list-style-type: none"> <li>I declare that I am the legal guardian or that I am authorized by the legal guardian of the minor(s) named above.</li> <li>I request for the minor(s) to travel alone &amp; I certify that the information provided in the form is true and accurate.</li> <li>I have read, understood and agreed to the conditions of carriage below.</li> </ul>		

CONDITIONS OF CARRIAGE
<ol style="list-style-type: none"> <li>I confirm that the drop-off person named on this form to remain at the airport until the flight has departed.</li> <li>I confirm that I have arranged the pick-up person named on this form to be at the destination airport 15 minutes before scheduled arrival time and that they will make themselves known to the Sounds Air representative.</li> <li>I confirm that they will have suitable photo identification on them.</li> <li>If the minor(s) are not met at the destination airport or Sounds Air is not satisfied with the pick-up persons identification, I authorize Sounds Air to take the actions they deem reasonable to ensure the safe custody of the minor(s) including returning of the minor(s) to the airport of departure. I agree to reimburse and indemnify Sounds Air for all costs and expenses incurred by doing so.</li> <li>I understand that Sounds Air will not take on any responsibility for valuables the minor(s) may be carrying.</li> <li>I can confirm that I will be contactable at any time the minor(s) are in Sounds Air’s care the number listed above.</li> <li>I understand that Sounds Air does not hand over minor(s) to other airlines.</li> <li>I hereby empower and grant Sounds Air permission to provide and/or authorize medical treatment to the minor(s) named above, if the minor(s) requires immediate medical treatment while in Sounds Air care. I understand that prior to medical treatment (including emergency medical treatment being provided to the minor(s), Sounds Air will use reasonable efforts to contact the Parent/Guardian on the telephone number(s) listed. I agree to indemnify and hold harmless Sounds Air and any other person who act in reliance upon this authorization.</li> </ol>

PICK-UP PERSON		SIGNATURE
FULL NAME		
ADDRESS		
PHONE #		

GROUND STAFF – DEPARTURE	PILOT IN COMMAND	GROUND STAFF – ARRIVAL