

Letter of parental consent
Educational Residential Internship Programmes for High-School
Students

(Surname, first name(s))

(Address)

(Telephone)

(Fax)

To: IR_ECO_TSP - CERN

TO WHOM IT MAY CONCERN

I, the undersigned, _____ (surname, first name),

would like my (son/daughter),

(student's surname, first name(s), date of birth),

to undergo an unpaid professional training period at the European Organization for Nuclear Research (CERN) in Geneva, Switzerland,

from _____ (date) to _____ (date).

As I am aware that CERN declines all responsibility for the social protection of my (son/daughter), I hereby agree to bear full responsibility and any associated costs if (he/she) should suffer any illness, accident, disability or death during the above-mentioned training period.

I have read the On-Site Rules for Educational Internship Programmes, and accept that my (son/daughter) is bound by these provisions for the duration of the training period.

I hereby allow CERN to photograph, film or record my (son/daughter) and to use this material for internal and external communication purposes.

Signed at:

Date:

Signature: