

Consent of the parent / legal guardian of a minor

Name and surname of the parent / guardian

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I agree to the use of the services of the VRepublic Virtual Reality Park by the child

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I declare that I have read and understood the Regulations of the VRepublic Virtual Reality Park as well as the User Health and Safety Guidelines. I confirm that the child / children do not have any medical contraindications to use the services.

Krakow, on

Signature of the parent / guardian.

