

**Consent for Minor Course Applicants
to the Programs Offered by the International Summer Campus Office
at the University of Potsdam**

I/WE HEREBY CONSENT AS THE SOLE LEGAL GUARDIAN / AS JOINT LEGAL GUARDIANS

MOTHER'S NAME

ADDRESS

FATHER'S NAME

ADDRESS

CONSENT TO THE PARTICIPATION OF IN SAYING THAT MY OR OUR SON, OR MY OR OUR DAUGHTER, OR MY OR OUR CHILD

NAME

DATE OF BIRTH

ADDRESS

may participate in the course program of the International Summer Campus Office of the University of Potsdam in the period from _____ to _____ (mm/yy) and may perform all related declarations of intent, legal transactions, acts similar to legal transactions as well as procedural actions (e.g. payment of the required fees, use of the university library, use of the Internet, participation in courses, excursions, etc.).

I/We acknowledge the fact that the University of Potsdam does not assume any obligation to supervise minor participants.

We have submitted copies of my/our personal IDs to this consent form.

I confirm that I am the sole legal guardian.

We confirm that we are joint legal guardians.

Place, Date, Signature of legal guardian(s)