



u18 Form for PolyLAN Zurich

Hereby I ...

Name: _____

Address: _____ ZIP, City: _____

Emergencyphone: _____

... allow my child ...

Name: _____

Address: _____ ZIP, City: _____

Date of birth: _____ Nickname: _____

... to participate at PolyLAN Zurich Easter 2024 during 29.3.-1.4.2024

The admins of the event can not be held responsible for the actions of your child. We will not supervise your child.

Your child may consume media which has a rating of 18+.
e.g. Games with a PEGI rating of 18.

The event organizer will not overview the media consumed by the participants.



Your child has to follow the GTCs provided on
<https://geco.ethz.ch/gtc.pdf>.

Date: _____

Parent's signature: _____