

# AUTHORIZATION AND MEDICAL RELEASE

WE, \_\_\_\_\_ (father's name/pai)  
AND \_\_\_\_\_  
(mother's name/mãe), THE PARENTS OF \_\_\_\_\_

\_\_\_\_\_ (passenger's name/passageiro(a)), PASSPORT  
NUMBER \_\_\_\_\_ AUTHORIZE GREENTOURS AND / OR ITS  
REPRESENTATIVES, TO ACCOMPANY OUR SON / DAUGHTER IN CASE HE / SHE NEEDS  
MEDICAL OR ODONTHOLOGICAL CARE DURING HIS / HER STAY IN THE UNITED  
STATES OR ANY OTHER COUNTRY. BECAUSE THIS IS TRUE, WE BOTH SIGN BELLOW.

\_\_\_\_\_  
(father's signature/assinatura do pai)

\_\_\_\_\_  
(mother's signature/assinatura da mãe)

BELO HORIZONTE, \_\_\_\_\_ DE \_\_\_\_\_ DE \_\_\_\_\_.