

City:, date:

LETTER OF AUTHORIZATION

I (name and surname of the parent/legal guardian), residing at (the residential address of parent/legal guardian), holding an identity document (ID/passport/other identity card) no. being a parent/legal guardian of (name and surname of the child), with PESEL* number (PESEL, Personal ID number, number of the passport or other identity document), residing at (the residential address of the child) I authorize Mr./Mrs. (name and surname of the person receiving the authorization), residing at (the residential address of the person receiving the authorization), holding an identity document (ID/passport/other identity card) no. to provide care and handle current and emergency matters related to the care of the above-mentioned child during their stay at the Royal Hotel & SPA in Białystok, on the date (the exact dates of the planned stay at the hotel). At the same time, I declare that there is a degree of kinship between the person authorized to provide care and my child: (specify the relationship).

I am aware of criminal liability for making a false declaration under Art. 233 § 6 of the Act of 6th of June, 1997, of the Penal Code.

I consent to the processing, collection and archiving of the above personal data provided in order to use hotel services (i.e. check-in) and to the storage of data. I give my consent voluntarily. I know that I can revoke it at any time by submitting a written resignation.

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(signature of parent/legal guardian)