

In Ciaño, to of

NORMALIZED MODEL OF LOWER AGE PERMIT

Mr./Mrs.	of le	egal age, provided with	n ID
Number	neighbour o	of,	
in the condition of father or mother or legal guardian of, minor and provided with			
ID number,	born on,	the day,	on the which exercises
parental authority and gu	ard and custody, he	ereby:	
I EXPRESS MY COMPLETE ACCEPTANCE AND AUTHORIZE that my son, whose data has been			
shown, visit, with or w	ithout my presenc	ce, the facilities of th	e Pozo Sotón, including access to the
underground, exempting	HUNOSA from ar	ny eventuality that may	occur in the course of its presence, as a
consequence of being une	derage.		
Also, I EXPRESSLY A	UTHORIZE the	use of my child's im	age in the photographs and videos tha
HULLERAS DEL NORTE, S.A. can make during the visit, which can be used to market them among			
attendees and to produce material (printed or audiovisual) designed to promote, disseminate and publicise			
the activities carried out at the Pozo Sotón facilities and whose exploitation rights (reproduction			
distribution, public communication and transformation) will correspond exclusively to the company.			
This authorization will be understood to be granted free of charge, for the worldwide territorial scope and			
for the maximum term stablished by the current legislation. And to give effect to this authorization, sign			
below at the place and da	te indicated.		
Signed (father / mother /	guardian): Signed	(child over 14 years o	ld):