HYROX SINGAPORE - YOUNGSTARS

POWER OF ATTORNEY

Ι,		address at(please insert full add	
(please insert full name)		(please insert full address)	
		ention child participating at HYROX n 31 August - 1 September 2024 (t	
	(please inse	ert full name participating child)	
	(please inse	rt full address participating child)	
	(plea	ase insert ticket number) ("Child"),	
herewith give po	ower of attorney to		
	(please ins	sert full name of representative)	
	**	ert full address of representative) Representative")	
not limited to che		g to my Child participating in the Ev pon arrival at the Event, chaperoni d up after finishing.	
(place / date	e of signature)	(signature parent/legal gu	 uardian)