CHARLESTON
SANTA TERESA

AUTHORIZATION FOR ACCOMMODATION OF A MINOR ACCOMPANIED BY A THIRD PARTY

HOTEL: _____

CITY: _____

DATE OF COMPLETION: ____ / ____ / _____

1. INFORMATION OF THE MINOR

Full Name: _____

Type and Number of Identification Document: _____

Date of Birth: ____ / ____ / _____

Nationality: _____

2. INFORMATION OF THE PERSON GRANTING THE AUTHORIZATION

Full Name: _____

Type and Number of Identification Document: _____

Capacity in Which Acting:

☐ Father

☐ Mother

☐ Legal Representative

☐ Guardian or Court-Appointed Guardian

Address: _____

City: _____

Contact Telephone Number: _____

Email Address: _____

3. INFORMATION OF THE AUTHORIZED ADULT ACCOMPANYING THE MINOR

Full Name: _____

Type and Number of Identification Document: _____

Nationality: _____

Address: _____

Contact Telephone Number: _____

Relationship to the Minor: _____

4. STAY INFORMATION

Check-in Date: ____ / ____ / _____

Check-out Date: ____ / ____ / _____

5. DECLARATION AND AUTHORIZATION

I, _____, identified as indicated below my signature and acting in the capacity of _____, hereby declare under oath that:

a) I have the legal capacity and authority to grant this authorization.
b) I expressly authorize the minor identified in this document to stay at the hotel establishment indicated herein during the dates specified above.
c) I authorize the minor to remain accommodated under the supervision and care of the adult identified in Section 3 of this document.
d) The information provided in this authorization is true, complete, and up to date.
e) I release Charleston Hotels and its establishments from any liability arising from the falsity, inaccuracy, or insufficiency of the information or documentation provided by me or by the authorized accompanying adult.
f) I understand and agree that Charleston Hotels may conduct additional verification procedures and request supplementary documentation to validate this authorization.
g) I understand and agree that the Hotel may deny accommodation if it is unable to adequately verify the identity of the minor, the accompanying adult, or the legitimacy of the authorization granted.

6. AUTHORIZATION FOR THE PROCESSING OF PERSONAL DATA

I authorize Charleston Hotels to collect, store, use, and retain the personal data contained in this document and its attachments exclusively for purposes of security, regulatory compliance, identity verification, responding to requests from competent authorities, and any other purposes set forth in the Hotel's Personal Data Processing Policy.

7. ATTACHED DOCUMENTS

I attach the following documents:

a) Copy of the minor's identification document.

b) Copy of the identification document of the person granting the authorization.

c) Copy of the identification document of the authorized accompanying adult.

d) Document evidencing kinship, legal representation, or custody.

Other supporting documents:

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8. SIGNATURES

PERSON GRANTING THE AUTHORIZATION

Name: _____

Identification Document: _____

Signature: _____

Date: ____ / ____ / _____

AUTHORIZED ADULT ACCOMPANYING THE MINOR

Name: _____

Identification Document: _____

Signature: _____

Date: ____ / ____ / _____

FOR HOTEL USE ONLY

Documentation Verified By: _____

Position: _____

Date of Verification: ____ / ____ / _____

Observations:

Verification Result:

☐ Approved

☐ Rejected

Responsible Person's Signature: _____