

FORM OF INDEMNITY FOR UNACCOMPANIED YOUNG PASSENGERS (12 AND UNDER 16 YEARS)

DUBLIN AIRPORT, IRELAND

Location:		Date:		
	SURNAME	FIRST NAME	AGE	SEX
	JOURNEY:			
Flight	t			
	Month	Day		Year
RETURN J				
Fligh	t			
Date	9			
From	Month 1	Day		Year
To)			
Aer Lingus w I hereby inde sustained an	ill not provide any special assistance mnify and hold harmless Aer Lingus I d/or any costs and expenses incurred	passenger(s) and herewith give him/her permission to the above mentioned passenger(s). Limited and/or other carriers, their personnel and by them in connection with the above mentioned than as set forth in Aer Lingus' General Condition	agents from and against any d passenger(s) travel or result	loss or damage ing therefrom
* I certify the	passenger(s) is/are possession of a	ralid passport(s), health certificate(s) and has any	necessary visa(s) for the trip	ı.
PARENT/G	UARDIAN:			
Name)			
Address	3			
City	1	State	Zip/Postal Code	
Phone No)			
Signature	9		Date	
PNR REFE	RENCE(S)			