UNACCOMPANIED MINOR FORM

PASSENGER INFORMATION				BOOKING REF No:			
Child's name				Date of birth		Age	
Date of travel		Flight No.		ETD		ETA	
Departing from		Arriving at					
Special Instructions (Allergies/medications)							

PERSON AUTHORISING TRAVEL (PARENT/GUARDIAN)			
Name		Contact No.	

DECLARATIONS OF PARENT/GUARDIAN:

I am the parent/guardian of the Child referred to above (Child). I have legal responsibility for the Child and am able to make this declaration and give permission for him/her to travel unaccompanied. In consideration of the carrier agreeing to carry the Child unaccompanied, I make the declaration set out below:

(1) I confirm that I have arranged for the Child to be escorted at departure and collected on arrival by the persons mentioned below. The person assigned by me to escort the Child at departure has been instructed to remain at the airport until the flight has departed. The person assigned by me to collect the Child on arrival has been instructed to attend the airport at the scheduled arrival time of the flight (or any other time as advised by or on behalf of SmartLynx Australia) and will be required to produce identification to collect the Child. I agree that I am solely responsible for making sure these instructions are complied with.

(2) I confirm that all information provided on this form including the "Special Instructions: (Allergies/Medication)" of the Child (if any) referred to above have been inserted by me and are accurate and complete in all respects and I agree that SmartLynx Australia) together with each of their officers, agents and employees are not responsible for administering any medication to the Child or are in any way liable in respect of the administration (or non- administration) of such medication.

(3) Should the Child not be collected on arrival at the relevant time and/or should one or more of the relevant flight/s be cancelled, delayed or diverted for any reason (including the flight being diverted to an airport other than the scheduled arrival airport), I authorize SmartLynx Australia) to take whatever action they consider appropriate to care for the Child, including to return the Child to the airport of original departure. I agree to reimburse SmartLynx Australia), including their agents for all costs associated with such care, including but not limited to the costs of transportation, meals, accommodation, phone calls and the costs of providing a carer for the Child.

CORPORATE HEAD OFFICE STREET ADDRESS:

Ground Floor, Airport Administration Centre,
Caudron Ave Cairns Airport, Cairns Qld 4870

PO Box 3, Airport Administration Centre,
Aeroglen QLD 4870

1300 759 872

info@smartlynx.au

www.smartlynx.au

(4) To the maximum extent permissible by law, I agree to indemnify and hold harmless SmartLynx Australia) together with each of their officers, agents and employees against all claims made by or on behalf of the Child and/or any other person arising out of the Child's travel and/or care.

(5) I consent to my and the Child's personal information on this form being used or disclosed to the "Person Picking Up At Arrival", or in any other way pursuant to the SmartLynx Australia Privacy Policy.

Signature		**Date**	

PERSON DROPPING OFF AT DEPARTURE			
Name			
Contact No.		Relationship to Child	
Signature			

PERSON PICKING UP AT ARRIVAL			
Name			
Contact No.		Relationship to Child	
Signature			

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