

# STUDENT ACTIVITY RELEASE WAIVER

Please accept my application to participate in any or all activities provided by ILSC Education Group Inc. hereinafter referred to as the ("School" which term includes all of its affiliated, related subsidiary and parent companies and predecessors and successors) as described in the school brochures or as may be offered from time to time, by the School, its employees or representatives ("School Activities").

For good and valuable consideration, the receipt and sufficiency of which is acknowledged, the undersigned student (or legal guardian if the student is unable to enter into binding agreements in the jurisdiction in which the School operates), hereby agrees as follows:

1. That many of the School Activities offered are sporting activities, require a certain degree of skill and physical fitness and that participating in such activities exposes me to certain risks of accident or injury.
2. I hereby release the School its employees and representatives from any and all actions, causes of action, claims or liability for any loss or damage that I may suffer, or that my heirs, next of kin, executors, administrators, families or representatives may suffer as a result of my participation in School Activities due to any cause, including negligence and gross negligence, breach of contract, or breach of any statutory or other duty of care to the extent that the law permits such a release.
3. Unless I have expressed in writing my choice to opt out, I acknowledge and accept that during the course of my study at ILSC or during activity programs, I may be photographed, video taped or audio taped and I hereby grant ILSC unrestricted and non-expiring permission and all rights to use or license such media for any advertising or promotional purposes that ILSC may deem appropriate, and I waive any right to any royalties related to the use of the same.
4. This Waiver shall be effective and binding upon my heirs, next of kin, executors, administrators, families or representatives.
5. The laws applicable in the Province of: British Columbia shall govern this Waiver if attending course offered by ILSC-Vancouver; Ontario shall govern this Waiver if attending courses offered by ILSC-Toronto; Quebec shall govern this Waiver if attending courses offered by ILSC-Montréal; and the laws applicable in the State of: California shall govern this Waiver if attending courses offered by ILSC (San Francisco) Inc.; New York shall govern the Waiver if attending courses offered by ILSC-New York; New South Wales shall govern this Waiver if attending courses offered by ILSC (Sydney) Inc.; Queensland shall govern this Waiver if attending courses offered by ILSC (Brisbane) Inc.; Victoria shall govern this Waiver if attending courses offered by ILSC (Melbourne) Inc. I accept the exclusive jurisdiction of the courts of the Province or State in which I am attending School. If a portion of this Waiver shall be found to be wholly or partially invalid, this Waiver will be interpreted as if the invalid portion had not been a part of this Waiver.
6. That by signing below I waive any and all claims that I have or may have in the future against the School its employees and representatives.

In entering into this Waiver, I am not relying upon any oral or written statements made by the School or its employees or representatives other than as written in this Waiver. I have read, or had this explained to me in a language I fully comprehend, and fully understand this Waiver and I am aware that by signing this I am waiving certain legal rights which I or my family, next of kin, executors, administrators, and assigns may have against the School or its employees or representatives.

<input type="text"/>	<input type="text"/>	<input type="text"/>
DATE (MM/DD/YY)	STUDENT NAME	STUDENT NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>
STUDENT EMAIL ADDRESS	STUDENT SIGNATURE	
<input type="text"/>	<input type="text"/>	<input type="text"/>
EMERGENCY CONTACT NAME	EMERGENCY CONTACT PHONE NUMBER	
<input type="text"/>		
EXISTING MEDICAL CONDITIONS / MEDICATIONS		
<input type="text"/>	<input type="text"/>	<input type="text"/>
WITNESS NAME	WITNESS SIGNATURE	
<input type="text"/>	<input type="text"/>	<input type="text"/>
GUARDIAN NAME (IF NECESSARY)	GUARDIAN SIGNATURE (IF NECESSARY)	