



## Consent/Waiver Form

Student Name: \_\_\_\_\_

Date of Birth (dd/mm/yyyy): \_\_\_\_\_

Please read the following information carefully and have apparent or legal guardian sign and date.

### Activity Waiver

Students who are enrolled in the International Youth Program will participate in a variety of extra-curricular activities in and around Toronto. These activities will be supervised by International Youth Program staff and the students will be given detailed instructions to ensure their safety and security.

I understand and acknowledge that participating in school activities entails inherent risk and could result in injury to my property or person and even death. I hereby agree for my child to participate in the Activity and to assume all risk associated with the Activity and I hereby remise, release and forever discharge the International Youth Program of New Heights Academy and its shareholders, directors, officers and employees and their respective successors and assigns, heirs, beneficiaries and legal personal representatives from all claims, demands, actions, causes of action, and liabilities whatsoever which I or anyone on my behalf had, now have or may hereafter have for or by reason of or in connection with my child's participation in the Activity.

I hereby agree not to make any claim or take any proceeding with respect to any matter, cause or thing hereby released or against any person who might claim contribution or indemnity against any person released herein under the provisions of any statute or otherwise.

The provisions of this waiver shall be binding upon the undersigned and his/her heirs, beneficiaries, and legal personal representatives.

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date(dd/mm/yyyy): \_\_\_\_\_



**Damages to Homestay/Residence and University Property**

Damages to Homestay and/or Residence and University property include, but are not limited to, breaking, or scratching furniture, defacing furniture, or walls (graffiti), or any acts requiring extra cleaning. New Heights Academy has established the following procedures:

1. Upon check in, the staff members of New Heights Academy and student may inspect the bedroom and make notes of any existing damages. Upon check out, staff of New Heights Academy will inspect the room and will charge student if any damages are found.
2. Students who have caused damages of any kind will be issued an invoice for the cost of the replacement or repair. This must be paid in full prior to the student's departure from the country.
3. University property includes all facilities being used by the students. These include student residences, classrooms, meeting rooms and lounges.

I understand that if a student is seen to be causing damage or is known to have caused damage to Homestay/Residence or University property, New Heights Academy will issue an invoice to the student's parents for the appropriate repairs/replacements.

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date (dd/mm/yyyy): \_\_\_\_\_

**Medical Information & Waiver**

The safety, security and health of your child is our first priority. Please complete this form to the best of your ability. By doing this, you are providing us with the documentation we need in case of an emergency. If there is further information regarding your child's health that New Heights Academy should be aware of, please email us along with this document.

Does your child have any allergies? If so, please specify:

\_\_\_\_\_

Please explain the allergic reaction experienced by your child:

\_\_\_\_\_

Will your child be taking any medication while at camp? (Please list the medication name and frequency)

\_\_\_\_\_

While taking the medication, does your child require any supervision and/or assistance?

\_\_\_\_\_

Does your child have any medical conditions? If so, do they require special assistance? (Such as Asthma, Diabetes, etc.)

\_\_\_\_\_



# INTERNATIONAL YOUTH PROGRAM

I understand that New Heights Academy is renting facilities (including homestay residence, university residence, classrooms, and activity spaces) for the International Youth Program camp and cannot guarantee an allergy free environment. By signing below, I voluntarily assume and accept any risks associated with such and environment. Furthermore, I hereby release all personnel involved with the International Youth Program from any and all possible claims, liabilities, obligations or responsibilities arising from any allergic reaction my child might suffer.

While New Heights Academy staff and teachers will make every reasonable effort to minimize exposure to known risks associated with each registrant's participation in a New Heights Academy program, I hereby acknowledge that I and/or my child if I am registering on his/her behalf (collectively, the "Registrant") may be required, depending on the nature of the Program, to participate in various physical activities that may involve risk of injury. In this regard, I agree that I have provided a complete and accurate health history and hereby permit the Registrant to participate in the full range of Program activities, except as specifically noted by my in the health information section of the Program registration (where applicable). In consideration for the Registrant's opportunity to participate in the Program, the receipt and sufficiency of which is hereby acknowledged, I hereby release and forever discharge New Heights Academy, it's respective officers, directors, employees, volunteers and agents, and their respective successors and assigns, from any and all liability for damages sustained in consequence of loss, injury or damage to the Registrant, and from all other actions, causes of action, claims, demands or damages of any kind with respect to death, injury, loss or damages to any person or property arising out of or connected with preparation for, or participation in, the Program.

In the event of an accident, injury or illness involving the registrant, and immediate contact by New Heights Academy with a designated contact cannot be made, I hereby authorize and grant permission to New Heights Academy staff to secure proper medical treatment and authorize on the registrant's behalf all procedures, including, without limitation, admission to an emergency unit, hospital and treatment therein, ordering of x-rays, tests or treatment, injections, anesthesia and/or surgery, as deemed necessary by the attending medical professional(s). I agree not to hold New Heights Academy or it's International Youth Program responsible for any costs or injury arising out of an emergency situation.

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date (dd/mm/yyyy): \_\_\_\_\_



### **Medical Information & Waiver**

According to Canada's Personal Information Protection and Electronic Documents Act (PIPEDA), organizations in the private sector must obtain consent from individuals for the collection, use and disclosure of their personal information. New Heights Academy collects and uses personal information from our students in order to:

- Maintain a file of their personal information which includes contact details in case of an emergency.
- Collect statistics for the sole use of the development of New Heights Academy's business.
- Communicate with an agent or third-party organization acting on a student's behalf.

New Heights Academy may take photos or videos of students in order to promote the school and its programs in print or online. These include and are not limited to the New Heights Academy website, brochures and flyers, and social media sites such as Facebook and Instagram.

I hereby give consent to New Heights Academy to use and disclose my child's personal information for the purposes of conducting New Heights Academy business as outlined.

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date (dd/mm/yyyy): \_\_\_\_\_