



# Registration Form - Page 2 of 3

## Year-Round Young Adult Programs (Ages 16 to 18)

### Accommodation

☐ Single Homestay ☐ Twin Homestay\* (upon request)

Length in weeks:

Special Requests or Preferences:

ILAC will do its best to accommodate your requests, however, due to availability ILAC cannot guarantee that your request will be granted.

**Cancellation and late notice handling fees:** If a guest needs to cancel their stay BEFORE the check-in date, please advise ILAC in writing as soon as possible. The timing of when ILAC receives the written notice determines if/what penalties may occur. \*Accommodation placement fee is non-refundable once placement letter has been issued. For more, read our [homestay](#) policies.

### Code of Conduct for Minors

Please carefully read the [Code of Conduct for Minors](#) before arriving at any ILAC accommodation.

### Airport Transfer:

Arrival Date:      /      /  
                             YYYY   /   MM   /   DD

Flight Information:

Airport Pick-up: ☐ Yes ☐ No

Departure Date:      /      /  
                             YYYY   /   MM   /   DD

Flight Information:

Airport Drop-off: ☐ Yes ☐ No

### Parents/Guardians Information (preferably from both parents/guardians)

	Parent/Guardian 1	Parent/Guardian 2
Full Name		
Date of Birth (YYYY/MM/DD)		
Home Address		
Phone Number		

Do you require a custodian declaration? ☐ Yes ☐ No

### Medical Information

ILAC Essential Health Care is included for the duration of your course (from arrival date in Canada). Concierge Health Care Membership starts on date of departure. Insurance benefits are provided by guard.me International Insurance and underwritten by Old Republic Insurance Company of Canada.

Would you like to purchase a Concierge Health Care Membership? ☐ Yes ☐ No

Length of membership:

Start Date:      /      /  
                             YYYY   MM   DD

End Date:      /      /  
                             YYYY   MM   DD

Do you have any allergies? ☐ Yes ☐ No

List Allergies:

Do you have any medical issues? ☐ Yes ☐ No

List Medical Issues:

Do you have any physical disabilities? ☐ Yes ☐ No

List Physical Disabilities:

Do you have any food restrictions? ☐ Yes ☐ No

List Food Restrictions:

Are you allergic to pets? ☐ Yes ☐ No

Specify which pet(s):

Do you smoke? ☐ Yes ☐ No

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### TRAVEL & TRIP RISK ACKNOWLEDGEMENT/LIABILITY WAIVER – ILAC YOUNG ADULT PROGRAM

- I, give my consent for my son/daughter to participate in ILAC Young Adult Program field trips and activities operated by partner companies during his/her stay in Canada.
- I understand that participation in field trips and the activities they entail could involve risk of physical injury, illness, death or property loss, and that while taking all necessary safety precautions, ILAC cannot guarantee safety thereof, as all risks cannot be prevented.
- I understand that ILAC does not provide health and accident insurance for field trips outside of Canada, or any insurance beyond those provided under the ILAC Health Care Plan where said plan applies, and I understand that any medical expenses, property loss, and/or other personal expenditures that result during or from this trip, are to be borne by the parent or guardian.
- In consideration of the opportunity afforded, with full knowledge and acceptance of the risks associated with field trip and any recreational activities those entail, and with full understanding of the above issues/conditions and risks, I hereby release, indemnify and hold harmless ILAC, the International Language Academy of Canada Toronto/Vancouver, and its faculty/staff, trustees, officers, volunteers, and agents from all forms and manners of risks inherent in, and from all claims, suits and demands of any nature arising from participation in said trip, or activities.

Parent  
Signature: \_\_\_\_\_

Date: \_\_\_\_\_  
 YYYY / MM / DD

Applicant  
Signature: \_\_\_\_\_

### This document is important. In accepting it, you are confirming you understand and agree to all English content contained in this document.

I, hereby certify that the above information is true and complete. I understand that any false or incomplete information submitted in support of my registration may invalidate my registration. I agree to speak only English on School property. I have read and understand all of ILAC policies & procedures including the Tuition Refund Policy and the Dispute Resolution Policy. (available on [ilac.com/policies](http://ilac.com/policies)). All students must sign an enrolment contract prior to program start date, including signature of parent or legal guardian for minors. I hereby consent to ILAC to releasing my personal information to any third party who applied and/or paid for the services on my behalf. Private information includes, without limitation, full name, date of birth, country of origin, gender, insurance plan type, policy number, policy group, policy ID number, the effective and expiry date of the insurance. I understand I am responsible to bring my own device to class to facilitate learning where necessary.

### Schedule "A"—Release, Waiver, and Indemnity (the "Release")

To: International Language Academy of Canada Inc. ("ILAC"), its resellers, agents, employees, indemnitors, successors, landlords, accommodation providers and suppliers (collectively, the "Releasees")

1. Assumption of Risks. I understand that the Releasees are offering me the opportunity to participate in activities (collectively, the "Activities"), such as: classroom instruction (on premises and via online delivery), accommodation with host families or in student residences, indoor and outdoor excursions, educational tours, and social events, and airport transfer (from and/or to airport), which involve risks, dangers, and hazards, **including but not limited to: potential exposure to Covid-19 and/or any respiratory virus, allergic reaction, food borne illness, accidents during any of the Activities, including while during transport/travel, stress, health and medical conditions, and the negligence of participants, third parties, or the Releasees. I freely accept and fully assume all such risks, dangers, and hazards and the possibility of personal injury, death, property damage, and loss resulting therefrom.**
2. Waiver and Release. In consideration of the Releasees agreeing to my participation in the Activities, I waive all claims that I have or may in future have against the Releasees and release them from any and all liability for any loss, damage, expense, or injury, including death, that I may suffer as a result of my participation in the Activities due to any cause whatsoever, including any negligence, breach of contract, or breach of a duty of care, including any failure to take reasonable steps to safeguard or protect me from the risks, dangers, and hazards of participation.
3. Miscellaneous. In executing this Release, I am not relying on any oral or written representations or statements of the Releasees other than as set forth in this document. This Release is effective and binding upon my heirs, successors, assigns, and representatives. Any matters arising from this Release will be governed by the respective provincial laws (British Columbia, or Ontario), and I irrevocably attorn to the jurisdiction of the courts of that Province in such matters.

Parent  
Signature: \_\_\_\_\_

Date: \_\_\_\_\_  
 YYYY / MM / DD

Applicant  
Signature: \_\_\_\_\_