

Exupery International Summer School (EISS) 2019

Consent form

Information about the participant

Name of the participant: _____
(Name) (Surname)

Date of birth: _____
(Day, month, year)

Citizenship: _____
(Of participant)

Place of declared residence: _____
(Address)

Sex: _____
(Male/Female)

Parent's / legal representative's information

1) Parent / legal representative: _____
(Name) (Surname)

Home Address: _____

Home Telephone: _____ **Work Telephone:** _____

Mobile Telephone: _____ **E-mail address:** _____

2) Parent / legal representative: _____
(Name) (Surname)

Home Address: _____

Home Telephone: _____ **Work Telephone:** _____

Mobile Telephone: _____ **E-mail address:** _____

Emergency contact, in case of need, in parent's absence

Name: _____
(Name) (Surname)

Relationship: _____
(Mother / father/ uncle / aunt)

Contact telephone numbers: _____

Insurance and family doctor:

Insurance Company: _____ **Policy Number:** _____

Telephone: _____

Family Doctor: _____
(Name) (Surname)

Address: _____

Telephone: _____

SIA "EISF" the organizers of the Exupery International Summer School (EISS) 2019 gladly assumes full responsibility for the running of the program and arrangements detailed in the program. However, SIA "EISF" cannot be responsible for certain events that are not in the control of SIA "EISF", for example events controlled by other companies or third parties such as hotels, airlines or other public transportation companies, or other parties such as professional guides etc. Therefore, SIA "EISF" wishes to clearly state that it cannot be held responsible for extra costs, complications, losses, injuries, damage, accidents, lateness or inconvenience due to an error made by a company, or other persons in regard to the benefits offered in these reservations, during the activities or during transportation of participants. SIA "EISF" in case they subcontract the organizer of activities or events to third parties are only liable of their due diligence in selecting and instructing those third parties. In those circumstances claim should be made directly to those third parties. If a reservation is made, through an external collaborator, or independent agent of SIA "EISF", all complaints regarding their services should be made directly to the concerned party or parties.

I confirm with my signature that I know my child will participate in sports and activities with inherent risks during the course for this summer school. The sports and activities may include: city excursions, group games, football, volleyball, table tennis, basketball, badminton, swimming, ice skating and roller, disco, wakeboarding, art and craft, practice chemistry and biology lessons, campfire nights, movies, bus trips, orientation games, labyrinth, excursions at Latvian recycle industry company's. In my role as legal representative of _____ (child), I accept these risks. I also confirm the knowledge that these activities take place under the responsibility of SIA "EISF" and also under the responsibility of companies or third parties carefully chosen and contracted by SIA "EISF", I authorize _____ (child) to participate in sports and activities under these conditions. In cases of medical emergency, I hereby delegate SIA "EISF" nurse the power to authorize and obtain any necessary diagnosis and treatment for my child. I

also understand that I will be held responsible for all the costs of such treatment and any costs of medical evacuation.

I accept that summer school activities carry with them some degree of risk both to person and property, and knowing this risk, I still desire _____(child) to participate in all activities, unless I have specified otherwise in writing.

Whilst I understand that all possible safety measures will be taken, in the unlikely event of an accident, I release, waive and hold harmless the teachers, staff and directors from any claims, losses, damages or expenses which may arise during or in the summer school.

I, _____, the parent/legal representative of _____(child) have read and approve the above, and agree to all conditions.

Parent / legal representative:

(Signature) (Date)