



Quest Language Studies, 1300 Bay, Toronto, Canada

Activity Authorization Form

I _____ am the parent/guardian of _____

and authorize him/her to participate, without restriction, in all school trips and activities organised by Quest Language Studies for the Summer Experience Program he/she is enrolled in for the period: dd/mm/yy to dd/mm/yy, 2009 inclusively.

Hold Harmless Agreement

I understand that participation in activities involves a certain degree of risk. I have carefully considered the risk involved and have given consent for my child to participate in the activities. I understand that participation in the activity requires participants to abide by applicable rules and standards of conduct. I release Quest Language Studies, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activities from any and all claims or liability arising out of this participation.

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anaesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program of activities.

Parent/guardian signature

Parent/Guardian contact number for emergency

Date

Medical information:

1. If you currently suffer or have suffered in the past from any medical condition or allergy check here and explain:

2. If you are currently on any medication check here and explain:

3. If you have answered positively to 1 or 2 above, please provide us with you doctor's information:

Doctor's Name: _____

Doctor's Telephone Number: _____