

Confirmation of Understanding

Re: Trip and Session to and from Colombia and Académie Ste-Cécile International School ("ASCIS")

For the period of _____ to _____

Parents of _____ (Child/Student- d.o.b. _____)

_____ (mother) _____ (father)

I.D. _____

1. I/We, the above-mentioned parent(s) and the undersigned, authorize my/our child to travel from Colombia to attend the Short-term Programme of Académie Ste- Cécile International School ("ASCIS") as scheduled above.

I/We hereby understand that:

2. The fees that I/we paid for my/our child to attend and participate in this session will only cover room and board, activities, excursions and trips within Ontario as well as health insurance fees for my/our child during the duration of the session; and,
3. Travel protection coverage for any part and/or for the complete length of this session is not included in the fees which ASCIS has charged me/us for my/our child to attend this session; and, therefore,
4. Coverage for such travel protection in any part and/or the entirety of the session is my/our complete responsibility to secure for my/our child; and,
5. It is my/our sole responsibility to decide whether or not to secure such coverage at my/our sole and complete expense and, if I/we so choose to so, I/we must do so well in advance of my/our child's departure to Canada; and,
6. In the event of an occurrence warranting a claim to be made/filed with my/our chosen travel protection insurance company, it shall be my/our sole and complete responsibility to make/ file the claim and/or to deal with this matter with the insurance company that I/we will have chosen to cover my/our child the duration of this session; and,
7. I/we shall indemnify ASCIS of all liability and costs associated with any such claim; and
8. Should I/we choose to not secure such coverage, I/we further understand that, in terms of any claim dealing with any loss, theft, damage, etc. to any property (e.g., tangible, intangible, physical, material, etc.) of my/our child while participating in this session both on and off the ASCIS campus, I/we shall indemnify ASCIS of all corresponding liability and costs.

Mother's Printed Name

Mother's Signature

Father's Printed Name

Father's Signature

Date

Date

