

Trpí vaše dítě nějakou alergií?

Ne

Ano _____

Does your child have any allergies or medical condition that the teacher(s) should be aware of?

Způsob platby

Payment by

e-transfer payment to office@masaryktown.ca

Fee for the first child is \$128.00 for the 16 classes

Fee for the second child from the same family is \$64.00

Parent / Guardian Consent

Periodically, photographs or screenshots are taken of the class for promotional purposes. By signing this form the parent consents to allowing their child's / children's image being used by the MMI Institute to promote the classes. At no time will the name of the child / children be released in any MMI promotional material.

Release of Liability, Waiver of Claim, Assumption of Risk

I recognize that my child's / children's participation in the language program for which I register may include a risk to my health or a risk of injury. I hereby willingly assume such health risk or risk of injury for myself or for the person(s) for whom I am in law responsible, and I assume full responsibility before, during and after my/their participation in the program/activity. In consideration of the acceptance of my application and the permission to participate in the program/activity, I, for myself, my heirs, executors, administrators, successors and assigns HEREBY RELEASE, WAIVE, AND FOREVER DISCHARGE the Masaryk Memorial Institute, all other organizations, associations and companies associated with the language classes, and all their respective employees, agents, contractors, consultants, representatives, elected and appointed officials, successors and assigns OF AND FROM ALL claims, demands, losses, damages, costs, actions and other proceedings whatsoever, whether in law, statute or equity, in respect of death, injury, loss or damage to me or my property, howsoever caused, except to the extent caused by or attributable to negligent or intentional acts, arising or to arise by reason of my participation in the program or any of its associated activities.

I acknowledge that I have read, that I understand and that I agree with this waiver.

I give (1) _____ (2) _____ (Student name(s))

permission to participate in the language school at St. Wenceslaus Church.

Signature of Parent / Guardian: _____

Registrar (MMI): _____

Date of Registraton: _____

Please scan and send / email the completed form to MMI office: office@masaryktown.ca

November 23, 2022