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**WEST VALLEY** 5933 Lindley Avenue, Tarzana CA 91356  
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## CONSENT FOR MEDICAL TREATMENT

*June 22nd - July 31st 2009*

As the Parent/Guardian/Agency Representative, I hereby give consent to the Lycée International de Los Angeles to provide all emergency dental or medical care prescribed by a duly licensed physician (M.D) or dentist (D.D.S) for:

Name of Child:

.....

I shall be responsible for all medical expenses incurred in connection with any such emergency treatment. My child is allergic to the following medication:

.....  
.....

Here are specific details you should know about my child's health:

.....  
.....

## ASSUMPTION OF RISKS

*June 22nd - July 31st 2009*

**PLEASE READ THIS ENTIRE DOCUMENT CAREFULLY BEFORE SIGNING.** In consideration of the services of the Lycée International de Los Angeles (LILA), a non-profit corporation, including all officers, employees, representatives, volunteers (including leaders and co-leaders), members and all other persons or entities associated with it. **I acknowledge and agree as follows:**

**The LILA educational and/or recreational activities** may include, but are not limited to a variety of sports, activities and swimming including the use of different facilities and transportation or travel to and from activities. **In all activities, all participants share in the responsibility for their own safety and the safety of the group.** I take responsibility for my child having appropriate skills, physical conditioning, equipment and supplies for these activities. **These activities include inherent and other risks, hazards and dangers that can cause or lead to injury, property damage, illness, mental or emotional trauma, paralysis, disability or death to participant or others.** Some, but not all of these risks, hazards and dangers include: hazardous and unpredictable ground, water or weather conditions; misjudgments made by leaders, co-leaders, participants or others; travel in remote areas that can cause delays in transportation, evacuation and medical care; equipment that can fail or malfunction; the potential that the participant or others (e.g. co-participant, driver, medical and rescue personnel) may act carelessly or recklessly. I understand that LILA staff, leaders or other personnel cannot assure participant's safety or eliminate these risks for my child. **I am voluntarily participating with knowledge of the risks for my child . Therefore, I assume and accept full responsibility for the inherent and other risks of these activities (both known and unknown), and for any injury, damage, death or other loss suffered by my child resulting from those risks. I agree to release and not to sue LILA** (as LILA is defined above) in regard to all claims, liabilities, suits, or expenses (hereafter collectively 'claim' or 'claims'), **including claims caused or alleged to be caused by the negligence of LILA staff (but not its gross negligence or intentional or reckless misconduct),** for any injury, damage, death or other loss to my child in any way connected with the participation in these activities, or the use of LILA and other equipment or facilities. **I understand I agree here to waive all claims I may have against LILA,** and agree that neither I, nor anyone acting on my behalf, will make a claim or file a lawsuit against LILA. **I HAVE CAREFULLY READ, UNDERSTAND AND VOLUNTARILY SIGN THIS DOCUMENT AND ACKNOWLEDGE THAT IT SHALL BE EFFECTIVE AND BINDING UPON ME, MY MINOR CHILDREN AND OTHER FAMILY MEMBERS, AND MY HEIRS, EXECUTORS, REPRESENTATIVES AND ESTATE.**

Signature of Parent/Guardian:.....Date:.....