GENERAL WAIVER

Yongsan International School-Seoul

I hereby certify that my child,	("Student")
	(Name of Child)
has my permission to participate in all act	tivities for the year.
Place: YISS Campus	
Date: 2009-2010	
	representative of the Student, and, if applicable, obtained the consent of all to allow said Student to take part in the Activity / Activities.
Seoul ("YISS") who may be engaged in tagainst any and all liability, losses, damages uffered by them, whether direct or conse the Activity / Activities. I further underst the Activity / Activities harmless from an	, employee, other person associated with Yongsan International School of the Activity / Activities, and YISS (collectively, "Indemnitees"), from and ges, costs and expenses of any nature whatsoever awarded against, incurred or equential, present and future, known or unknown, in any manner arising out of tand and agree that this release shall hold the Indemnitees who is engaged in y and all liability relating to the Student for any and all injury or illness that ter, I agree to hold them harmless from any loss of property by the Student that so.
	vities may risk injury and I have the Student participate in the Activity / ssibility. I hereby agree that I will not hold Indemnitees liable for any injury of
sufficient time to properly consider my pe	Student's participation in the Activity / Activities is voluntary and I have had ermission. I have been able to ask questions about the Activity / Activities and nswers and explanations given to me, if any.
	v understand its contents. I am aware that this is a release of liability and I be will. This waiver is subject to the laws and regulations of the Republic of
It is understood that no student will be all guardian.	lowed to participate in this activity until this form is signed by his/her parent or
Signature of Parent or Guardian	Date
DO N	NOT CUT
201	Yongsan International School-Seoul
Student's Name:	
In case of emergency, I give permission to child in my absence.	o the school authorities or its representatives to obtain medical treatment of my
	Signature of Parent or Guardian
	Date
	Emergency Contact Number