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Adult Programs (Ages 19+)

2020

Student Information

Gender: ○ M ○ F ○ X

Last Name*: _____
*As it appears on passport

First Name*: _____
*As it appears on passport

Date of Birth: ____ / ____ / ____
YYYY MM DD

Nationality: _____

Mother Tongue: _____

Passport #: _____

Email: _____

Country: _____

Address: _____

City: _____

Province: _____ Postal Code: _____

Phone Number: _____

Emergency Contact: _____

Emergency Contact Phone: _____

Agent Information

Agency: _____ Contact Person: _____ Agent Email: _____

Program Information

Program Intensity:

○ Intensive English *(30 lessons/week)* ○ Power English *(38 lessons/week)*

Start Date: ____ / ____ / ____
YYYY MM DD

Weeks of study: _____

Campus: ○ Toronto ○ Vancouver

Course Focus: you have the option to change this course every second week.

○ General English
○ Cambridge English (FCE, CAE, CPE)
○ Business English
○ TOEFL Preparation
○ IELTS Preparation
○ University Pathway Program

Other: _____

Airport Transfer:

Pick-up services are mandatory for students going into self-isolation.

Departure Date: ____ / ____ / ____ Flight Information: _____ Airport Drop-off: ○ Yes ○ No
YYYY / MM / DD

Accommodation (14-day Self-Isolation)

Toronto:

○ Homestay ○ Element Toronto
○ Hampton Hotel ○ Casa Toronto

Vancouver:

○ Homestay ○ Hilton Hotel ○ YWCA
○ Granville Hotel ○ Samesun

Accommodation (Post-Isolation)

○ Single Homestay ○ Twin Homestay (upon request)

Lenght in weeks: _____

Specify Residence*: _____

Residences are available upon request, please email residences@ilac.com

Special Requests or Preferences

_____

ILAC will do its best to accommodate your requests, however, due to availability ILAC cannot guarantee that your request will be granted.

Continue on the next page

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Medical Information

*Please note: it is mandatory for ILAC students to have medical insurance during their stay in Canada.

Do you have medical insurance*? ○ Yes ○ No

Insurance Company:

Policy Number:

Start Date: YYYY / MM / DD

End Date: YYYY / MM / DD

If "No", would you like to book insurance through ILAC? ○ Yes ○ No

Do you have any allergies? ○ Yes ○ No

List Allergies:

Do you have any medical issues? ○ Yes ○ No

List Medical Issues:

Do you have any physical disabilities? ○ Yes ○ No

List Physical Disabilities:

Do you have any food restrictions? ○ Yes ○ No

List Food Restrictions:

Are you allergic to pets? ○ Yes ○ No

Specify which pet(s):

Do you smoke? ○ Yes ○ No

List any other issues:

Applicant Signature:

Date:

YYYY / MM / DD

I, hereby certify that the above information is true and complete. I understand that any false or incomplete information submitted in support of my registration may invalidate my registration. I agree to speak only English on School property. I have read and understand all of ILAC policies & procedures including the Tuition Refund Policy and the Dispute Resolution Policy. *(available on ilac.com/policies)* If purchasing the insurance directly from ILAC, I hereby consent to ILAC to releasing my personal information to any third party who applied and/or paid for the services on my behalf. Private information includes, without limitation, full name, date of birth, country of origin, gender, insurance plan type, policy number, policy group, policy ID number, the effective and expiry date of the insurance.

Schedule "A"—Release, Waiver, and Indemnity (the "Release")

To: International Language Academy of Canada Inc. ("ILAC"), its resellers, agents, employees, indemnitors, successors, landlords, accommodation providers and suppliers (collectively, the "Releasees")

1. Assumption of Risks. I understand that the Releasees are offering me the opportunity to participate in activities (collectively, the "Activities"), such as: classroom instruction (on premises and via online delivery), accommodation with host families or in student residences, indoor and outdoor excursions, educational tours, and social events, and airport transfer (from and/or to airport), which involve risks, dangers, and hazards, including but not limited to: potential exposure to Covid-19, allergic reaction, food borne illness, accidents during any of the Activities, including while during transport/travel, stress, health and medical conditions, and the negligence of participants, third parties, or the Releasees. I freely accept and fully assume all such risks, dangers, and hazards and the possibility of personal injury, death, property damage, and loss resulting therefrom.
2. Waiver and Release. In consideration of the Releasees agreeing to my participation in the Activities, I waive all claims that I have or may in future have against the Releasees and release them from any and all liability for any loss, damage, expense, or injury, including death, that I may suffer as a result of my participation in the Activities due to any cause whatsoever, including any negligence, breach of contract, or breach of a duty of care, including any failure to take reasonable steps to safeguard or protect me from the risks, dangers, and hazards of participation.
3. Miscellaneous. In executing this Release, I am not relying on any oral or written representations or statements of the Releasees other than as set forth in this document. This Release is effective and binding upon my heirs, successors, assigns, and representatives. Any matters arising from this Release will be governed by the respective provincial laws (British Columbia, or Ontario), and I irrevocably attorn to the jurisdiction of the courts of that Province in such matters.