



Waiver of Liability

I accept complete personal responsibility for my actions, personal well-being and health at ILSC Australia and on all activities and field trips organized by ILSC Australia. I waive ILSC Australia of any liability for personal injury, illness or other medical problems that may occur during my association with ILSC Australia. I understand that I am required to have medical insurance during my stay in Australia.

Student Name (print): _____

Signature: _____

Date: _____

Release Form

I hereby grant permission to ILSC to photograph, film me, use my written testimonial or any work I produce as a student (for example, writing assessments) while at ILSC and I understand that these materials may be used for promotional or training purposes without compensation or approval rights.

Signature: _____

Date: _____