

The DEWBERRY HOMESTAY

16519 - 79A Avenue NW..
Edmonton Alberta T5R 3J2
(780) 761-7484

www.thedewberry.com

PERMISSION FOR MEDICAL CARE and RELEASE:

I (we), as the applicant's parent(s) and/or legal guardian(s), agree to authorize The DEWBERRY HOMESTAY Hosts Larry or Diana Dew to act for us in any emergency, accident or illness during the period of time _____ is residing at The DEWBERRY HOMESTAY. Guests Name

PERMISSION FOR HOMESTAY TO AUTHORIZE STUDENT ACTIVITY and SIGN MEDICAL RELEASE DOCUMENTATION:

I (we), as the applicant's parent(s) and/or guardian(s), agree to authorize the Homestay Host to sign Student activity permission slips and corresponding medical release forms. I (we) further agree to fully indemnify and hold harmless both The DEWBERRY HOMESTAY and Larry or Diana Dew from any and all liabilities, including liabilities to third parties, which may arise from _____ participation in the activity. Guests Name

Father/Legal Guardian:

Father/Legal Guardian

Address (Street Address/City/Province/Postal Code/Country)

Phone

E-mail

Signature of Father/Legal Guardian

Date (Month/Day/Year)

Mother/Legal Guardian:

Mother/Legal Guardian

Address (Street Address/City/Province/Postal Code/Country)

Phone

E-mail

Signature of Mother/Legal Guardian

Date (Month/Day/Year)