



■ **Student Information**

As it appears on passport.

Last Name

Country

First Name

Address

Gender Male Female Other:

City

Date of Birth / /
YYYY MM DD

Province

Nationality

Postal Code

Mother Tongue

Emergency Contact Name

Passport #

Emergency Contact Phone

Phone Number

Emergency Contact Email

Email

Emergency Contact Relationship

Are you currently in Canada? Yes No

If yes, fill out section within.

Address in Canada

City

Province

Postal Code

Phone

If yes, you must submit your Study Permit OR your Canadian visa (TRV or eTA) with your flight details showing your date of arrival in Canada. This is required for the school to complete your registration

Agency

Contact Person

Agent Email

■ **Program Information**

Number of weeks

Start Date* / /
YYYY MM DD

Campus Toronto Vancouver

■ **Airport Transfer Service**

Do you require transportation? **Yes, on arrival day** **Yes, on departure day** **No**

Arrival Date / / Departure Date / /
YYYY MM DD YYYY MM DD

Flight Information

Flight Information

■ **Accommodation**

Single Homestay (2 meals a day) Single Homestay (3 meals a day) Twin Homestay (upon request) Roomstay (no meals) Residences

Length in weeks:

Special Requests or Preferences

Specify type of residence/shared house*: Residences are available upon request, please email for additional information.

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

Cancellation and late notice handling fees: If a guest needs to cancel their stay BEFORE the check-in date, please advise Tamwood in writing as soon as possible. The timing of when Tamwood receives the written notice determines if/what penalties may occur. *Accommodation placement fee is non-refundable once placement letter has been issued. For more, read our [homestay](#) & [residence](#) policies.

Medical Insurance Service

Essential Health Care is included for the duration of your course (from arrival date in Canada). Concierge Health Care Membership starts on date of departure. Insurance benefits are provided by guard.me International Insurance and underwritten by Old Republic Insurance Company of Canada.

Would you like to purchase a Concierge Health Care Membership? Yes No

Length of membership:

Start Date: / / End Date: / /
YYYY MM DD YYYY MM DD

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

This document is important. In accepting it, you are confirming you understand and agree to all English content contained in this document.

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 Tamwood's policies & procedures including the Tuition Refund Policy and the Dispute Resolution Policy. (available on ilac.com/policies)

If purchasing the insurance directly from Tamwood, I hereby consent to Tamwood 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. I understand I am responsible to bring my own device to class to facilitate learning where necessary.

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

To: Tamwood ("Tamwood"), its resellers, agents, employees, indemnitors, successors, landlords, accommodation providers and suppliers (collectively, the "Releasees")

- 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 and/or any respiratory virus, 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.
- 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.
- 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.

Applicant Signature:

Date:

YYYY / MM / DD