**Language Classes Outdoors Waiver**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby acknowledge and agree to the terms outlined in this waiver for my child to participate in outdoor language classes organized by the Institut Français d’Ecosse (IFE), scheduled to take place at ***Edinburgh City*** on **1st July to 5th July 2024**, and/or **8th July to 12 July 2024**.

1. **Assumption of Risks**: I understand that outdoor activities inherently carry certain risks, including but not limited to slips, falls, insect bites, and exposure to weather elements. I acknowledge that despite reasonable precautions taken by the organizers, accidents and injuries may occur.
2. **Supervision and Safety Measures**: I understand that the instructors will provide adequate supervision during the language classes. I agree to inform the organizers of any medical conditions, allergies, or special needs my child may have, and I authorize them to administer basic first aid in case of minor injuries.
3. **Parental Responsibility**: I agree to remain responsible for my child at all times before and after the language classes. I will ensure that my child arrives on time and is picked up promptly at the conclusion of the classes.
4. **Release of Liability**: In consideration of my child being permitted to participate in the outdoor language classes, I hereby release, waive, discharge, and covenant not to sue the IFE, its employees, agents, volunteers, and affiliates from any and all liability, claims, demands, actions, or rights of action, which are related to, arise out of, or are in any way connected with my child's participation in the language classes.

I have read this waiver carefully and fully understand its contents. By signing below, I voluntarily agree to all terms and conditions outlined herein, intending to be legally bound hereby.

**Parent/Guardian Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child's Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_