



## WYŻSZA SZKOŁA EKOLOGII I ZARZĄDZANIA W WARSZAWIE

00 - 792 WARSZAWA, UL. OLSZEWSKA 12, TEL. (22) 825-80-32/33, FAX (22) 825-80-31  
[rektorat@wseiz.pl](mailto:rektorat@wseiz.pl); [www.wseiz.pl](http://www.wseiz.pl)

### **Consent of the guardian for minors to start language courses and/or studies at the UNIVERSITY OF ECOLOGY AND MANAGEMENT IN WARSAW**

1. UEM conducts language courses and studies in accordance with the legal provisions in force in the Republic of Poland.

2. Studies may be undertaken by persons who are over 16 years of age at the time of commencement and who have registered individually for studies.

3. Students usually travel independently from their home country, with the possibility of a UEM transfer from the airport to the chosen accommodation.

We recommend booking a UEM transfer for people aged 16-17.

4. In Warsaw (city of courses/studies), Course Participants and Students travel independently to and from the University, living in the Student Dormitory, selected and arranged by UEM, or in a place independently selected by the Participant/Student.

5. The Student House does not offer meals included in the accommodation price.

6. There is a quiet night in the Student House from 10 p.m. to 6 a.m., during which the rest of other residents of the Student House should not be disturbed.

7. UEM does not offer direct supervision over Participants/Students living in the Student Dormitory.

8. For the safety and well-being of participants of language courses and students of UEM, we require that all participants/students carefully read and comply with the provisions of the regulations in force at the University, including the regulations specifying the rules of maintaining order at the University. They are available on our website.

9. UEM students receive a student ID. In order to prepare it, it is necessary to submit 2 photos of the Student to the UEM Rectorate. The ID card entitles you, among other things, to use discounts on public transport, allows you to open a bank account (e.g. at GETIN Bank), etc.

10. By signing this document, you agree to treatment/medical assistance provided by UEM employees in the event of an emergency.

*„I hereby authorize persons acting in the name and on behalf of, as well as on behalf of, the University to consent to any examinations, treatment and to provide necessary medical care, provided under the supervision of a doctor or surgeon with appropriate qualifications, in a situation where it is necessary to save student's health or life.*

*The authorization in question is granted to enable acting on behalf of the person referred to below in the scope of granting consent to any type of treatment, including diagnostic tests and hospital care, which, to the best of the doctor's or surgeon's knowledge, are considered advisable.*

*Upon admission to UEM of a Candidate for a language course or studies, his/her heirs and other persons executing the will of the deceased, administrators, proxies, successors and other authorized persons, as well as parents and legal guardians of the Participant/Student, hereby release UEM, its founders, members of the authorities, employees, collaborators and proxies, as well as any other persons and entities acting on behalf of and for the benefit of UEM, from any liability and waive any claims arising for any reason, including:*

- resulting from the actions or omissions of any person,*
- caused by the condition of facilities and rooms,*
- related to an act of war or terrorism,*



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- resulting from force majeure,
- related to the consumption of alcohol, drugs and other prohibited substances,
- related to bodily injury or death, as well as property damage,
- caused by a road accident, crime, including theft.

*Moreover, the Participant/Student waives any claims and releases UEM and all the above-mentioned persons from liability related to any damage or impairment arising directly or indirectly in connection with the Participant's/Student's participation in the course/studies, caused by negligence or willful action or omission of the Participant/Student or third parties, occurring either before or during duration and after graduation.*

*The above-mentioned exclusions do not apply to situations in which liability or damage was caused solely by culpable actions of UEM and persons acting under its authorization.”.*

Me, as parent/guardian: \_\_\_\_\_, of Participant/Underaged Student,

Name and surname of the **Participant/Student**: \_\_\_\_\_

Participant's/Student's passport/ID No.: \_\_\_\_\_

Expiration date: \_\_\_\_\_,

**I understood the description above.**

**Parent/guardian** first name and last name: \_\_\_\_\_

Passport/ID No.: \_\_\_\_\_

Contact phone and e-mail address: \_\_\_\_\_

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

Eligible signature (first name and last name) of parent/guardian: \_\_\_\_\_