



SIGNATORY LETTER

Please read the Statement and Medical Declaration below and complete where indicated.

1. STATEMENT

I hereby declare that all information given in this application is exact and complete. I acknowledge having read and understood this document and all other pertaining documents and will abide by them. I understand that the fees are modified once a year and I accept their revision. I hereby declare to abide by the Swiss law in case of a dispute related to the interpretation or to the execution of my legal obligation towards Les Roches and accept the exclusive competence of the Valais court.

NAME OF THE STUDENT:

DATE AND SIGNATURE OF THE STUDENT:

DATE & SIGNATURE OF THE FINANCIAL SPONSOR (EVEN IF THE LEGAL GUARDIAN)*:

DATE & SIGNATURE OF THE PARENT/LEGAL GUARDIAN*:

**Please ensure that both the 'Financial Sponsor' and 'Parent/Legal Guardian' boxes are signed.*

2. MEDICAL DECLARATION

In keeping with the institute's policies regarding preventive health measures, the Campus Management may request a student to undergo a medical checkup or mental health assessment at any time during her/his studies at Les Roches.

I hereby certify that the medical history information given in this application is correct and that I agree to undergo a medical checkup or mental health assessment if required.

Deliberate false statements may result in expulsion. Les Roches will not be held responsible in case of incorrect medical information stipulated on the medical certificate and physician's report.

We reserve the right to withdraw a student from Les Roches if we deem our internal health care support services are unable to meet the need of the student concerned or if the student does not follow external medical advice and/or guidelines.

DATE & SIGNATURE OF THE STUDENT:

DATE AND SIGNATURE OF THE PARENT/LEGAL GUARDIAN: