Youth Outbound Exchange: Waiver of Responsibility Form

I/We, _____,

THE PARENT(S)/LEGAL GUARDIAN(S) OF _____,

HEREBY AGREE TO THE FOLLOWING BY AFFIXING OUR SIGNATURE(S) BELOW.

- We hereby release the Norfolk Sister City Association, Inc., its officers and agents, and Sister Cities International from any responsibility for the actions of our child during the Youth Exchange Program both in the United States and overseas. Further, we agree to hold harmless the Norfolk Sister City Association, Inc., its officers and agents, and Sister Cities International from any liability, responsibility, damages, expenses, claims, lawsuits or injuries which may occur from any cause during his/her participation in the said exchange.
- We have adequate hospitalization and accident insurance coverage for our child. We have verified this coverage with our agent, and it is valid overseas. We can provide documentation if asked. We understand that the Norfolk Sister City Association, Inc. and Sister Cities International provide no health, accident or injury insurance.
- We acknowledge that our child is in good health. We will complete and return the medical and health information form and the consent for emergency medical attention, should the need arise, for our child.
- We agree that our child will not drive any motor vehicle while participating in this exchange.
- We acknowledge that the Norfolk Sister City Association, Inc. has forbidden all exchange students to drink any alcoholic beverages, including wine and beer, except for students whose parents have signed a permission slip for wine and beer. We acknowledge that the Norfolk Sister City Association, Inc. has forbidden the use of any drugs by the participants, except for those prescribed by a physician and noted on the medical form.
- We understand that we and our child shall be bound by the basic policies for exchange students:
    - In the event of an illness or injury, do as your host family advises. If emergency treatment is required, or if you become seriously ill, your parents / guardians will be advised.
    - Keep your passport in a safe place. Carry it with you only when needed. Make several copies of your passport in the event of theft or loss.
    - Students are not permitted to drive any motorized vehicle while overseas.
    - As an exchange student, you may not have paid employment.
    - While staying with your host family, you will be expected to participate in family life and routine, which could include performing simple household tasks. Be alert to the fact that your host family will have "family rules" by which you are expected to abide and that your host family may have a different approach to young people than your own family does.

- During the exchange, you may travel with your host family or on organized group trips. You may not travel alone to distant points unless you have the written permission (prior to the trip) of your parent(s)/guardian(s) and with the consent of your host parents and the prior knowledge of the exchange leader or sister cities leader. Trips should be planned well in advance with definite places of residence. A copy of your itinerary should be left with your host family. Hitchhiking is not allowed.
- The drinking of alcohol is forbidden for students during the exchange, except in the case of parental permission by a signed waiver which allows you to drink wine and/or beer in the presence of or at the discretion of your host parent(s). Drugs, other than prescribed medication, are also forbidden.

IN WITNESS WHEREOF, I/we have set our hands at _____ [city], Virginia, United States of America,

this _____ day of _____ (month), _____ (year).

_____
SIGNATURE OF PARENT or LEGAL GUARDIAN

_____
SIGNATURE OF PARENT or LEGAL GUARDIAN

Certificate of Acknowledgment:

City/County of _____, Commonwealth of Virginia

The foregoing instrument was acknowledged before me this ____ day of _____, 20_____

by_____
(Name of person seeking acknowledgment) **Notary Seal**

_____
Notary Public's signature

Notary registration number: _____

My commission expires: _____