



# STATES' 4-H INTERNATIONAL EXCHANGE PROGRAMS 2012 SUMMER OUTBOUND PROGRAM

## TRAVEL RELEASE/AUTHORIZATION, INSURANCE AGREEMENT, & LIABILITY RELEASE

Delegate's Name: \_\_\_\_\_ Outbound Program: \_\_\_\_\_  
Country of Destination

### **TRAVEL RELEASE/AUTHORIZATION**

I (we), \_\_\_\_\_  
Print name(s) of parent(s)/legal guardian(s)

hereby grant permission for my/our child "the delegate" to travel to \_\_\_\_\_  
Print Country of Destination

to attend and participate in the States' 4-H International Exchange Program "S4-H."

I (we) agree to accept the flight itinerary that S4-H arranges for the delegate. I (we) agree to pay the cost for any deviations from this flight schedule caused by the delegate's personal actions. S4-H (Board, staff, and volunteers), partner Land Grant Institutions (their personnel and volunteers), and the international partner organization shall have no liability if the delegate voluntarily or otherwise withdraws or is dismissed from the program. Furthermore, I (we) understand that program fees and airfare must be paid in full by the established deadlines in order for the delegate to participate in the exchange.

### **INSURANCE AGREEMENT**

1. I (we) will be provided S4-H Insurance information. I (we) acknowledge the following:
  - a) The Insurance supplements any other policy of health or accident insurance covering the delegate and/or his or her family. I (we) understand that this insurance provides coverage for accidents, injuries, or illness that occur between the time the delegate departs from and returns to the home airport. It does not provide coverage for any preexisting conditions.
  - b) The Insurance will provide reimbursement for qualified medical expenses incurred during the exchange. The delegate may be required to pay for medical expenses at the time of service and submit receipts to S4-H for reimbursement.
  - c) The Insurance will pay for the necessary emergency evacuation of an insured person. An emergency evacuation must be ordered by a legally licensed physician who certifies that the severity of the insured person's injury or illness warrants the emergency evacuation. All transportation arrangements made for evacuating the insured person will be by the most direct and economical route.
  - d) If the delegate elects to return home or to travel to another country for medical care or treatment, and elects not to use the services and appropriate treatment at the nearest point available, I (we) will pay for all additional costs beyond those provided under the provisions of the program.
2. The delegate agrees to follow the S4-H Safety Guidelines at all times. I (we) understand that the Safety Guidelines are based on insurance coverage rules and exclusions. If the delegate is injured while participating in a prohibited activity, I (we) will be responsible to pay for the resulting medical bills.

**LIABILITY RELEASE**

This liability release covers the time period from when the delegate departs his/her home state until he/she returns to the U.S. While under the sponsorship of S4-H, the delegate may not participate in any high-risk activities including, but not limited to, the following:

- hunting
- paintball
- mountaineering & rock climbing
- scuba diving
- jet-skiing
- bungee jumping
- hang gliding
- glider riding
- parachuting
- parasailing
- hot air ballooning
- sky diving
- riding in private planes
- motorcycle driving/riding
- driving
- operating motorized lawn equipment
- operating farm equipment
- driving/riding motorized recreational vehicles
- driving/riding all-terrain vehicles

I (we), the undersigned, authorize the delegate to participate within the program guidelines established by the S4-H. I (we) hereby release S4-H (Board, staff, and volunteers), partner Land Grant Institutions (their personnel and volunteers), the international partner organization, program chaperones, and host families past and present from any and all current and future claims, losses, expenses, charges, costs and/or causes of action for loss of property, personal injury, illness, accident or death sustained by the delegate during the time he/she is a participant in the program.

I (we) agree to supply the delegate with spending money to cover his/her personal needs and expenses for the duration of the program and return home. I (we) understand and agree that S4-H is not responsible for the delegate's money or personal property, whether lost or stolen, while he/she is participating in the program.

I (we) certify that all information provided in the Outbound Delegate Application is correct and complete, including medical and immunization history. I (we) also understand that any changes in the information provided, including but not limited to changes in the delegate's medical history or condition, must be reported to S4-H immediately. I (we) understand that withholding information and/or providing incorrect information and/or not reporting changes after the medical form as submitted are grounds for possible termination from the program and repatriation at my/our expense with no refund of program fees.

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**The signature of the undersigned delegate and parent(s)/legal guardian(s) indicates a complete understanding of and a willingness to abide by the above *Travel Release/Authorization, Insurance Agreement, and Liability Release.***

_____	_____	_____
*Signature of father/legal guardian	Print father's/legal guardian's name	Date
_____	_____	_____
*Signature of mother/legal guardian	Print mother's/legal guardian's name	Date
_____	_____	_____
Signature of delegate	Print delegate's name	Date

\*In the case of divorced parents:

1. For divorced parents with joint custody, both parents must sign above.
2. For divorced parents where one parent is awarded full custody, only one parent needs to sign above. The same parent must sign below:

By signing below, I attest that I have sole custody of the child listed above.

Signature of Parent or Guardian \_\_\_\_\_ Date: \_\_\_\_\_