

Culver City Sister City Committee

Fostering International and Intercultural Friendship and Understanding
www.culvercitysistercitycommittee.org ccsc.cinc@gmail.com
P.O. Box 1072 Culver City, CA 90232-1072

STUDENT EXCHANGE PROGRAM – RELEASE OF LIABILITY

Our child _____ will be participating in the Culver City Sister City Committee sponsored student exchange program to _____, during the period of _____ through _____. During the exchange he/she will be accompanied by chaperone (s) _____ and _____.

We understand that all normal precautions will be taken to ensure the safety of our child, but that the trip also involves certain risks and we, therefore, agree to hold blameless the Culver City Sister City Committee, its officers and directors, the City of Culver City, Culver City Unified School District and the chaperone(s) in the event of injury or death due to uncontrollable circumstances or our child's failure to follow directions.

We further understand that we will be notified if serious medical or behavior problems occur and that if deemed necessary in the opinion of the chaperone(s), our child may have to return home on a flight as an unaccompanied minor before the regularly scheduled return. In the event of such a decision, we understand we would be responsible for any additional costs involved in the return flight.

This Agreement may be executed in counterparts, including facsimile signatures, and all such counterparts shall constitute one agreement, binding upon all parties hereto.

I/we have read this document and I understand its content. I understand that by signing below, I have given up substantial rights. I have voluntarily signed this release.

PARENT/GUARDIAN SIGNATURE FOR PARTICIPANTS UNDER 21 YEARS OLD

As the parent/guardian of the above-named participant, I agree to the terms and conditions contained in this Waiver and Release form, and I assume responsibility for the actions or inactions of the Participant.

Signature of Parent/Guardian Date
[to be signed in presence of Notary Public]

Signature of Parent/Guardian Date
[to be signed in presence of Notary Public]

Print name

Print name

Sworn to me on this date

Sworn to me on this date

[Notarized, with stamp/seal]

[Notarized, with stamp/seal]

(SEAL)

NOTARY PUBLIC SIGNATURE