

# Culver City Sister City Committee

## Adult Chaperone Waiver, Release and Indemnity Agreement Emergency Medical Authorization and Participation in the Voluntary Excursion

I, \_\_\_\_\_, will be traveling to \_\_\_\_\_ with the Culver City Sister City Committee, Inc.'s Student Exchange Program as a chaperone, from \_\_\_\_\_ to \_\_\_\_\_ 20\_\_\_\_\_.

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical surgical or dental diagnosis or treatment and hospital care considered necessary in the best judgment of the attending physician, surgeon, dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

For, and in consideration of, participating in the activity described above, I hereby voluntarily release, discharge, waive and relinquish all actions or causes of action for personal injury, bodily injury, property damage, or wrongful death occurring to me arising in any way whatsoever as a result of engaging in said activity or any activities incidental thereto, wherever or however the same may occur and for whatever period said activities may continue. I, for myself, my heirs, executors, administrators and assigns and hereby release, waive, discharge and hold harmless the City of Culver City, the Culver City Unified School District, Culver City Sister City Committee, Inc. (CCSCC), its officers, agents, servants, or members (herein collectively CCSCC/personnel) from any action, aforesaid, which may hereafter arise for me and my estate and agree that under no circumstances will I, my executors, administrators and assigns, prosecute or present any claim for personal action, whether the same shall arise by the negligence of any of said persons or otherwise. Further, I shall indemnify and defend CCSCC/personnel against any such claims for personal injury, bodily injury, property damage, or wrongful death arising in any way whatsoever as a result of engaging in the above described voluntary activity or any activities incidental thereto.

I further acknowledge that CCSCC/personnel do not provide any type of insurance. Medical or travel insurance is my responsibility.

\_\_\_\_\_  
Participating Chaperone – Signature / Date

\_\_\_\_\_  
Witness \_\_\_\_\_ Exchange Chair / Date

\_\_\_\_\_  
Print Name of Chaperone

\_\_\_\_\_  
Print Name of \_\_\_\_\_ Exchange Chair

Original: CCSCC, Inc. Exchange File

Cc: Director of Exchange Destination