# STATES' 4-H INTERNATIONAL EXCHANGE PROGRAMS
# 2014 SUMMER OUTBOUND PROGRAM

# COMPREHENSIVE RELEASE FORM

Delegate's Name: _____ Outbound Program: _____
Country of Destination

## TRAVEL RELEASE/AUTHORIZATION

I/we, the parent(s) and/or legal guardian(s) of the above-named delegate, hereby grant permission for my/our child "the delegate" to travel to the above-named country 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.

## MEDICAL RELEASE

I/we hereby authorize the representatives of S4-H, the S4-H Board, international partner organization(s) or the parents of the family assigned as hosts for my/our child, to make arrangements for my/our child's welfare, including transportation in the event of an emergency, and for whatever emergency medical care may be deemed necessary for my/our child's welfare, while participating in this program. I/we grant permission to release information regarding my/our child's health to any individual designated by S4-H.

## INSURANCE AGREEMENT

I/we will be provided Accident and Sickness Health Insurance Plan Summary for the Insurance company chosen by S4-H.

I/we understand that:

1. This insurance provides the following Maximum Limits coverage while the delegate is abroad, i.e. outside the Home Country:
    - $250,000 for Accident/Sickness Medical Coverage
    - $50,000 for Accidental Death & Dismemberment
    - $100,000 for Emergency Medical Evacuation
    - $250 Emergency Room deductible if person is not admitted to the hospital
2. I/we are responsible for any medical expenses above and beyond the Maximum Limits, for any exclusions as identified in the Health Insurance Plan Summary (such as any pre-existing conditions, etc), including expenses determined to be in excess of Reasonable & Customary, as defined by the insurance provider.
3. This insurance provides limited Home Country Coverage (domestic transportation in the U.S. and during the Overnight Departure Orientation at the gateway city in the US): up to $1,000 Illness and $10,000 Accident coverage. I/we acknowledge that this coverage is secondary insurance and supplements any primary sickness and accident insurance that my/our family may have.
4. 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.

Delegate's Name: _____

## 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
- water skiing
- snorkeling
- bungee jumping
- hang gliding
- glider riding
- parachuting
- parasailing
- hot air ballooning
- sky diving
- driving
- motorcycle/motor scooter driving/riding
- operating motorized lawn equipment
- operating farm equipment
- driving/riding motorized recreational vehicles
- driving/riding all-terrain vehicles
- horse racing
- spelunking

I/we, the undersigned, authorize the delegate to participate within the program guidelines established by 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 to S4-H 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 has been submitted are grounds for possible termination from the program and repatriation at my/our expense with no refund of program fees.

## PHOTO/MEDIA RELEASE

I/we grant S4-H and its representatives, the S4-H Board, international partner organization(s), and 4-H clubs unlimited permission to copyright and use, publish, and republish for purposes of advertising, public relations, trade, or any other lawful use, information about my/our child and reproductions of my/our child's likeness (photographic or otherwise), whether or not related to any affiliation with 4-H, with or without my/our child's name. I/we hereby waive any right that I/we may have to inspect or approve the copy and/or finished product or products that may be used in connection therewith or the use to which it may be applied.

☐ I/we agree.

☐ I/we do not agree. I/we understand that my/our child will be excluded from the official group photos.

Delegate's Name: _____

## CODE OF CONDUCT

Following are the terms of participation for S4-H. Delegates are expected to observe the following during the entire exchange period.

1. Delegates must abide by the laws of the host country, host state, and hosting organization.
2. Delegates must show respect for 4-H and all program staff in the U.S. and abroad and obey their instructions.
3. Delegates must obey host family rules about things such as, but not limited to, curfews and household chores. Delegates may not have guests in the host family's home without their host parent's permission.
4. Delegates should talk to their State Coordinator, Program Chaperone, or appropriate organization staff concerning problems they are having and avoid speaking of their host family's private affairs to community members and friends.
5. Delegates may not change host families without approval.
6. Delegates must always be aware of their responsibilities as an exchange participant and make a determined effort in their host family.
7. Delegates must not participate in any sexual contact or sexual activity, including possessing or viewing pornographic material.
8. Delegates must not take any action that may change the nature or course of their life, e.g. getting married, changing religion, etc.
9. Delegates are not allowed to purchase or use a firearm.
10. Delegates may not possess or use drugs except those prescribed by a licensed physician or over-the-counter medications such as aspirin.
11. Delegates are not permitted to purchase or drink alcoholic beverages.
12. Delegates are not permitted to smoke or use other tobacco products.
13. Delegates must not possess or use fireworks.
14. Delegates are not allowed to gamble.
15. Delegates must return to their home country on the date which 4-H or the program organization specifies.
16. Delegates must obtain prior consent from the host family and the appropriate organization contact before planning personal travel of any kind.
17. Delegates must follow S4-H program safety guidelines at all times.

I (the delegate) have read and understand the above, and agree to comply with these rules. I understand that failure to comply with these rules may be grounds for dismissal from the States' 4-H International Exchange Programs. I may be sent home at once at my expense for violating the rules above.

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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*, *Medical Release*, *Insurance Agreement*, *Liability Release, Photo/Media Release,* and *Code of Conduct*.**

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|---|---|---|
| _____ | _____ | _____ |
| *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: _____