UWC USA SUMMER YOUTH PROGRAMS - 2013

Parents' Permission to Participate, Participant Expectations, Parent Indemnification, Medical Release Authorization, Photo Release Agreement, and Authorization for International Travel

The Purposes of These Forms:

1) To confirm that the participant whose parents/guardians sign the form is permitted to take part in one or more of the Summer Youth Programs at the United World College of the USA – which administers and includes the 2013 Global Leadership Forum, the 2013 United World of Soccer Camp, the 2013 UWC USA Summer Wilderness Trips, and the 2013 UWC USA Pecos Mountain Biking Camp (all programs hereafter referred to as “Summer Youth Programs.”);

2) To confirm agreement between students, parents, and Summer Youth Programs at the UWC USA regarding participant expectations during the program;

3) To state the agreement between the student's family and Summer Youth Programs at the UWC-USA as to the allocation of the risks of student's travel to and in USA, living away from home during Summer Youth Programs at the UWC-USA in an unfamiliar location, and participating in the activities which make up the Summer Youth Programs at the UWC-USA;

4) To confirm that Summer Youth Programs at the UWC-USA has parental authorization to obtain emergency medical care for the student, should such care become necessary;

5) To release Summer Youth Programs at the UWC-USA to capture and store images of participants;

6) To confirm authorization from the parent for the participant of any of the Summer Youth Programs at the UWC USA to travel internationally.

Please read the language of all SIX PROVISIONS carefully and do not hesitate to call the Summer Youth Programs Director, Josh Holland at 512-293-9594 if you have questions. You may also email Josh Holland at josh.holland@uwc-usa.org. It will not be possible for your child to participate in any of the 2013 Summer Youth Programs at the UWC-USA unless this form is returned with signatures at all SIX REQUIRED locations.
1. **Parental Permission to Participate**

As a custodial parent/guardian of ___________________________ (please print participant’s name), age _____ (please provide participant’s date of birth), I have given her/him my permission to participate in one or more of the 2013 Summer Youth Programs at the UWC-USA. Before signing this permission form, I had the opportunity to satisfy myself as to adequacy and safety of the arrangements for the 2013 Summer Youth Programs at the UWC-USA. I am familiar with the mental and physical health of my child/ward and his/her ability to travel to unfamiliar places and be exposed to people of different ethnic, cultural, and linguistic backgrounds. My permission for my child/ward to participate is based upon my belief that she/he has the maturity and self-confidence to be able to respond appropriately to the challenges, which she/he will encounter during the Summer Youth Programs at the UWC-USA, as they have been described in the printed materials, which I have been given.

Please PRINT Parent/Guardian
Name____________________________________________

Signature of Parent/Guardian ______________________________ Date________________

2. **Participant Expectations**

I, as a participant in the 2013 Summer Youth Programs at the UWC-USA understand my responsibilities to Summer Youth Programs at the UWC-USA, my school and New Mexico state and U.S. federal laws. Thus, I will not possess, transport or consume or be under the influence of tobacco, alcohol, or illegal drugs, at any time during the 2013 Summer Youth Programs at the UWC-USA program or in the travel to and from this program. Nor will I be in the presence of any other participant who commits these acts. I will follow rules, curfews and guidelines as directed by the Summer Youth Programs at the UWC-USA staff and my chaperone(s). I understand that if I violate these expectations, I may also be disciplined by my school, and will be sent home from the Summer Youth Programs at the UWC-USA at my own expense, banned from future Summer Youth Programs at the UWC-USA programs, or face criminal prosecution.

Participant Signature _______________________________ Date________________

Parent Signature _______________________________ Date________________
3. Parental Risk Sharing and Indemnification Agreement

I recognize that there are risks to my child’s/ward's person and property involved in air travel, surface transport, hiking, and staying in an unfamiliar setting. I also understand that the Summer Youth Programs at the UWC-USA could not afford to offer the 2013 Summer Youth Programs if it were required to bear the sole financial responsibility for these risks. Therefore, in order to induce the faculty and staff to make the 2013 Summer Youth Programs at the UWC-USA available to my child/ward, I agree to share the risk of loss arising from injury to my child/ward and/or her/his property with the Summer youth Programs at the UWC-USA by entering into this indemnification agreement in which I accept responsibility for all losses, except those caused exclusively by the negligence of the Summer Youth Programs at the UWC-USA and/or its agents.

I have reviewed the plans for the Summer Youth Programs at the UWC-USA and recognize that use of regularly scheduled airlines or other vehicles to provide transportation between our home and USA involves risks to person and property, which may include serious injury and death, and I agree to accept those risks. From my review of the plans for the 2013 Summer Youth Programs at the UWC-USA, I am aware that my child/ward will also be exposed to the risks of surface travel and I accept the responsibility for those risks. I have reviewed the arrangements for the Summer Youth Programs and understand that my child/ward will be staying at UWC-USA campus with other students and their chaperones, as well as with host families in Summer Youth Programs-approved homestays, as well as other accommodations, including possibly tents in a wilderness environment. I accept the risk that injury may occur to my child while staying there. I have also reviewed the description of the day to day activities which will take place during the Summer Youth Programs at the UWC-USA and recognize that attending a summer youth program at United World College and its surroundings will expose my child/ward to the risks inherent in those activities. I am willing to accept responsibility for those risks.

On the basis of my review of the plans for the 2013 Summer Youth Programs at the UWC-USA, and to induce the faculty and staff to allow my child/ward to participate in the Summer Youth Programs of the UWC-USA, I, in my capacity as parent/guardian of ________________________________________ (please print participant’s name), and for myself and my heirs, successors and assigns, agree to indemnify the Summer Youth Programs at the UWC-USA and its trustees, officers, employees and agents (the "Indemnities") for any sums of money for which the Indemnities may become liable as a result of any claim, suit or cause of action which I or my heirs, legal representatives, successors and assigns or my child/ward may have, now or in the future, arising out of my child/ward's participation in the 2013 Summer Youth Programs at the UWC-USA, unless the claim, suit or cause of action arises solely and exclusively from the negligence of the indemnities, which I have not waived or released by signing this form.

I have read all of this Parental Risk Sharing and Indemnification Agreement, and I have satisfied myself that I understand what it means.

Signature of Parent/Guardian ______________________________ Date ____________________
4. Medical Treatment Authorization

As the parent/guardian of ________________________ (please print participant’s name), participating in the 2013 Summer Youth Programs at the UWC-USA, I authorize physicians and/or other medical personnel, at the direction of the Summer Youth Programs at the UWC-USA or my child’s/ward’s chaperone to provide medical care to my child/ward while he/she is away from home and participating in the Summer Youth Programs at the UWC-USA, including examining, treating and prescribing medications for her/his care. I understand that the faculty and staff and/or the chaperone will, to the greatest extent possible, consult with me concerning the reasons for and effects of all such care. Recognizing that it may be impossible to reach me in situations in which the physicians treating my child/ward believe that beginning treatment is medically necessary, I authorize the Summer Youth Programs at the UWC-USA or the chaperone to permit commencement of treatment when, in the professional judgment of the physicians or medical personnel involved, such treatment is medically necessary, even if I/we have not yet been consulted. In authorizing such emergency treatment, I agree to accept the determination of the treating physician or surgeon that the treatment or examination rendered was medically necessary to protect the life, health or mental wellbeing of my child/ward. I give this authorization on the condition that the treating physician will attempt to contact me, if at all possible, before the treatment or examination is rendered. Furthermore, I assume full responsibility for the cost of such treatment.

Signature of Parent/Guardian: ___________________________ Date __________

5. Photographic Release

I, as the parent/guardian of the student listed above hereby give the Summer Youth Programs at the UWC-USA or its designee the right to take and store photographs or otherwise reproduce my son’s/daughter’s/ward’s countenance or image electronically, digitally or manually for the purpose of promoting or otherwise explaining the Summer Youth Programs at the UWC-USA programs.

This personally identifiable image may not be altered or reconstituted so as to cause the student or his/her parent/guardian any embarrassment. This image or photograph is being taken for promotional use only and is under no circumstances to be used for personal profit or gain.

A copy of the image as finally used shall be made available to the student/parent/guardian upon request.

Signature: Parent/Guardian: ___________________________ Date __________
6. **Parent Authorization for Student International Travel**

To Whom It May Concern:

I give my (son/daughter/ward), named ______________________, permission to leave his or her home country to attend the Summer Youth Programs at the UWC-USA in New Mexico, USA in 2013.

**Printed or typed name of parent/guardian:**

___________________________________________________

Date_________

**Signature of parent/guardian**

___________________________________________________

Date_________