

**International Partners, Cassie Stern Memorial, Inc.**

**Consent To Participation By Minor And Release  
And Indemnity By Parent(s) Or Guardian  
("Consent And Release")**

I, \_\_\_\_\_, the parent or legal guardian of \_\_\_\_\_ ("Minor"). I give my permission to and for the Minor to participate in a delegation to El Salvador sponsored by International Partners, Cassie Stern Memorial, Inc. ("Sponsor"). I am aware of a number of risks to the Minor's personal safety, all of which are beyond the control of the Sponsor, including but not limited to: the incidence of armed robbery and other criminal activity; public and private transportation, roads, and traffic conditions that do not meet the safety standards to which we are accustomed; sub-standard medical care; the absence of telephones or other means of prompt communication in the communities where Minor will be visiting; long distances that may separate the community where Minor is visiting from emergency services; lack of sanitation and exposure to parasites and diseases; and other substandard conditions that may be encountered in a "developing nation" environment.

I have read and understood the "IP Service Teams Policies and Guidelines," and I expressly assume the responsibility for educating myself and others for whom I give this consent about the risks of travel to and in El Salvador and, as against the Sponsor, its officers, board members, employees, advisors, agents and representatives, I expressly assume all such risks, both known and unknown, on behalf of myself and on behalf of Minor.

*Health Guidelines; Travel Advisory; Compliance*

Minors and their parents should review carefully (a) the applicable Health Guidelines for Participant's Program (*the "Health Guidelines"*) and (b) the US State Department Consular Information concerning travel to, in, and around Minor's Program country (*the "Travel Advisory"*), found at [http://travel.state.gov/travel/cis\\_pa\\_tw/tw/tw\\_1764.html](http://travel.state.gov/travel/cis_pa_tw/tw/tw_1764.html). In signing this form, Minor and his or her parents/guardians agree that they have read and understood the Health Guidelines and the Travel Advisory and that Minor and his or her parents/guardians are responsible for complying with any recommended or required immunizations, precautions, and procedures set forth in the Health Guidelines and the Travel Advisory. In addition, Minor and his or her parents/guardians agree to comply with these Conditions and with the policies and procedures of Sponsor as communicated to Participant from time to time.

*Permission for Emergency Treatment*

On rare occasions, a medical emergency arises when Sponsor is unable to communicate with parents/guardians. Hospital treatment and/or surgery may be required. In most cases, administration of an anesthetic, treatment of an injury, or operation upon an individual cannot be performed without the consent of the patient or, in the case of a minor, without the consent of the parent or guardian. To avoid delaying any procedure necessary to safeguard the health of Minor, we hereby grant permission to Sponsor to authorize medical treatment; administration of antibiotics, immunizations, anesthesia, and other medications; transfusions of blood products; and hospitalization and provision of medical treatment to Minor.

**RELEASE AND INDEMNITY**

I, ON MY BEHALF, MY MINOR CHILD, MY AND HIS OR HER HEIRS, ASSIGNS, REPRESENTATIVES, EXECUTORS, AND ADMINISTRATORS HEREBY RELEASE AND PROMISE TO HOLD HARMLESS THE SPONSOR, ITS OFFICERS, BOARD MEMBERS, EMPLOYEES, ADVISORS, AGENTS AND

REPRESENTATIVES FROM ANY LIABILITY THAT MAY ARISE FROM ANY BODILY OR MENTAL HARM, INJURY, LOSS, OR ILLNESS (INCLUDING BUT NOT LIMITED TO DEATH) THAT MAY RESULT FROM MINOR'S PARTICIPATION IN THIS ACTIVITY, INCLUDING EMERGENCY MEDICAL TREATMENT, IN ALL TRAVEL TO, WITHIN, AND FROM EL SALVADOR, AND PRIOR TO MINOR'S DEPARTURE AND FOLLOWING MINOR'S RETURN, IN ALL ACTIVITIES IN ANY WAY RELATED TO MINOR'S ASSOCIATION WITH THE DELEGATION TO EL SALVADOR ORGANIZED BY THE SPONSOR. I HAVE READ THIS CONSENT AND RELEASE AND SIGN THIS AS AN ACT OF MY OWN FREE WILL. I ALSO REPRESENT THAT I HAVE LEGAL AUTHORITY TO AGREE TO THIS CONSENT AND RELEASE ON BEHALF OF THOSE FOR WHOM I PURPORT TO CONSENT. (I UNDERSTAND THAT, IF ONLY ONE PARENT IS SIGNING THIS CONSENT AND RELEASE BUT MINOR HAS TWO PARENTS, I AM SIGNING ON BEHALF OF THE OTHER PARENT WITH THE FULL LEGAL AUTHORITY TO CONSENT ON BEHALF OF THE OTHER PARENT.) THIS PROVISION SHALL SURVIVE THE TERMINATION OF THIS CONSENT AND RELEASE.

*Health Clearance*

Participation is contingent upon the Sponsor's review of Minor's completed medical forms. Failure to disclose complete and accurate information on the medical form can result in dismissal from the program. Sponsor normally requires that all students participating in international programs show medical and psychological stability, as determined by Sponsor, for no less than six months prior to the group's departure date.

*Consent to Publicity*

I also consent to the use pictures of my minor child in Sponsor's media, in whatever form, for all publicity purposes throughout the United States and the world.

*Dispute Resolution and Consent to Jurisdiction*

In the event of any dispute over the enforceability, interpretation and application of this Consent and Release, I agree that the laws of the District of Columbia shall govern and I consent, on my behalf and on behalf of the others for whom I purport to consent, to the jurisdiction of its courts for the purpose of resolving any dispute. If any portion of this Consent and Release should be deemed unenforceable, I intend that it be given the broadest possible interpretation and effect under the law with respect to every party to be released and held harmless and that such partial invalidity not affect the remaining provisions.

|                                       |               |
|---------------------------------------|---------------|
| _____<br>Signature of Parent/Guardian | _____<br>Date |
| _____<br>Witness                      | _____<br>Date |
| _____<br>Signature of Parent          | _____<br>Date |
| _____<br>Witness                      | _____<br>Date |

Please return to: Paula Beckman, International Partners, Cassie Stern Memorial, Inc. 1320 Fenwick Lane, Suite 400, Silver Spring, Maryland 20910

Attachment: IP Service Teams Policies and Guidelines