



## Global Ambassador Parental Waiver & Medical Release

I grant permission for my child, \_\_\_\_\_ to participate in the ICES Global Ambassador Program for the \_\_\_\_ - \_\_\_\_ school year.

I hereby release, waive and discharge International Cultural Exchange Services (ICES), their volunteers, instructors, members, and all participants from any and all claims, losses, damages, causes of action, suits and liability of every kind, including all expenses of litigation, court costs, and attorney fees for injury to, or death of any person; or for damage to any property, arising from or attributed to, directly or indirectly, participation in any and all activities associated with volunteering with and participating in the activities off International Cultural Exchange Services. The undersigned further agrees to indemnify and hold harmless the organizers, participants and volunteers from all suits, causes of action, or claims of any type, brought as a result of participation in the above named activities.

I assume all risks of bodily injury to myself/or my minor child, and give permission for myself/him or her to be taken to a hospital and/or treated by licensed medical personnel for a medical emergency, illness, or injury; and for licensed medical staff to take emergency measures as they deem appropriate. I agree to assume financial responsibility for all expenses of and related to such care.

I have read this document and understand that it has legal consequences, and sign it voluntarily.

<b>Participant's Printed Name</b> _____		
Address	City, State, Zip	Phone
Participant's Signature		Date
<b><u>Parent or Legal Guardian</u></b>		
Printed Name:	Signature	Date
<b><u>Parent or Legal Guardian 2</u></b>		
Printed Name:	Signature	Date