**Date:** \_\_\_ / \_\_\_ / 201\_\_

|  |  |
| --- | --- |
| **Name of RYE Student:** |   |
| **Full Name of Parents**  | **Father:** |
|  **(as appears on Passport):** | **Mother:** |
| **Country of Origin:** |  |
| **Sponsoring RI District:** |  |
| **Sponsoring Rotary Club:** |  |
| **Travel Dates:** | **Begin:** \_\_\_ / \_\_\_ / 201\_\_ - **End:** \_\_\_ / \_\_\_ / 201\_\_ |

I/We hereby declare that I/we are the lawful parent(s) of the aforementioned Rotary International Exchange Student, hereinafter referred to as “Student”, sponsored by the Sponsoring Rotary District and Club for the **2019-2020** exchange year, and request that our child be permitted to travel with me/us to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I/We acknowledge that I/we have sole custody of the Student and understand that during the time that he/she is in my/our custody, the care, safety and well-being of my/our child is my/our sole responsibility exempting Rotary International, Rotary International District 6510, Illinois, USA, it’s directors, officer, clubs, members, and affiliates of any responsibility or liability.

I/We agree that student may not travel alone nor be accompanied only by other students.

In consideration of our acceptance and students participation in this Rotary Youth Exchange Program, and during the travel dates indicated above, while our student is be under my/our custody and supervision, to the full extent permitted by law, I/We hereby release and agree to save, hold harmless and indemnify, all members, officers, directors, committee members and affiliates of Rotary International District 6510, the host and sponsor participating Rotary Clubs and Districts, and of Rotary International (“Indemnities”), from any and all liability for any loss, property damage, personal injury or death, including any such liability which may arise out of the negligence or omission of any of the Indemnities, which may be suffered or claimed by me/us, student or our descendants, heirs, assigns or any other person who may claim to be able bring claims for such liability.

**WE ACKNOWLEDGE THAT WE HAVE READ AND UNDERSTAND THE ABOVE, HAVE HAD THE OPPORTUNITY TO HAVE THIS DOCUMENT REVIEWED BY AN ATTORNEY OF OUR CHOOSING, AND THAT WE SIGN THIS FORM VOLUNTARILY.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  / / 201  |
| **Signature of Parent (Father)** |  | **Print Name** |  |  |
|  |  |  |  |  / / 201  |
| **Signature of Parent (Mother)** |  | **Print Name** |  |  |
|  |  |  |  |  / / 201  |
| **Signature of Witness** |  | **Print Name** |  |  |