



EMBRACE CHALLENGE.
DISCOVER YOURSELF.

PERMISSION TO TRAVEL FORM

I, parent/guardian of the participant in the Nichols Exchange Program, agree to the following:

The program organizer(s), group leaders shall not be liable for any damage or loss to my person or property as a result of my participation in this program.

The program organizers and/or group leaders may make reasonable changes in the dates, destinations, or itinerary for the mutual benefit and safety of group participants. In such event, they shall not be liable for any delay, loss or damage resulting therein. In the event of any illness, accident or incapacity incurred by me, the group leaders and/or the adult members of my host family may consider my best interests in securing medical treatment, hospitalization, medication and/or return transportation at my own expense.

Any and all claims, obligations, suits in any liabilities whatsoever against the program organizers, leaders, and schools are hereby waived and released.

I certify that I have read and understand this release and agree to abide by its provisions.

Parent/guardian signature

Date

My child, (please print) _____, has my permission to travel with the exchange program to participate in a three week academic and cultural exchange.

Parent/Guardian signature

Date