



PARTNERS *of the* AMERICAS

RIO GRANDE DO SUL, BRASIL - INDIANA

INDIANA/RIO GRADE DO SUL YOUTH AMBASSADOR INFORMED CONSENT AND RELEASE

We/I, the undersigned parent(s) of _____, a minor child and citizen of the United States, do hereby authorize her host parents or any other responsible adult to seek necessary medical treatment for her at any medical facility deemed appropriate. We also attest that she is covered by medical insurance for the period of her travel, and it is understood that any expenses beyond those covered by the policy remain the responsibility of the undersigned.

We also authorize her to travel within Brazil with her host parents or with other persons authorized by the host parents, to ride public transportation, and to participate in all activities permitted by the host parents.

We hereby release Rio Grande do Sul, its directors and volunteers from any liability that may result in _____'s participation in the Youth Ambassador Program.

We have read and fully understand this document.

Date _____

Parent's name & signature _____

Parent's name & signature _____