

Intercultural Homestays and Services, Inc. Program Release

I, the undersigned, an applicant for admission through Intercultural Homestays and Services, Inc., do waive and release any and all claims against said company and its agents for any injury, accident, or damages caused by any vehicle, act of war, weather, strike, sickness, quarantine, earthquake, terrorist activity, government restriction or regulation or stemming from any act or omission of any airline, railroad, hotel, bus company, taxi service, school, college or other firm, agency (government or private), company or individual or any other act that may befall me. I also release Intercultural Homestays and Services, Inc. and its agents and agree to indemnify them with regard to any financial obligations or liabilities that I may incur personally or any damage resulting from participation in this program. I do waive and release all claims demands, or causes or action against Intercultural Homestays, and Services, Inc. and its agents, host situations or facilities here and abroad, for any injury, loss, damage, accident, delay or expense resulting from the use of any vehicle, any strike war, weather, sickness, quarantine, service, hotel, restaurant, school, college, or other firm, facility, company or individual.

I hereby grant Intercultural Homestays and Services, Inc. and its agents full authority to take whatever actions they may consider to be warranted under the circumstances concerning my health and safety, and I fully release each C of them from any liability for such decisions or actions as may be taken in connection therewith. I authorize Intercultural Homestays and Services, Inc. and its agents, at their discretion, to place me, at my own (or my parent's or guardian's) expense, and without further consent, in a hospital in the United States of America for medical services and/or treatment or if no hospital is readily available, to place me in the hands of a local physician for treatment, should the need arise. If deemed necessary or desirable by Intercultural Homestays and Services, Inc. or its agents, I authorize them to transport me back home by commercial airline or other accessible conveyance, and I assume responsibility for the expenses involved. Any funds advanced to me for any purpose will be reimbursed; upon demand by either myself or my parents or guardian. Failure to reimburse IH could result in the imposition of collection costs, including attorney's fees. I have been advised that I must be covered by health and accident insurance at my own expense for the entire period of my stay abroad. I agree to comply with the rules of Intercultural Homestays and Services, Inc. and its agents, and its homestays and educational institutions. I agree that Intercultural Homestays and Services, Inc. has the right to terminate my program participation.

I understand that this is an organized program and that standards must be observed. I will at all times comply with the rules, standards and instructions for homestay behavior. I hereby waive and release any and all claims against Intercultural Homestays and Services, Inc. and its agents arising out of my failure to comply with rules, standards and instructions.

I agree that Intercultural Homestays and Services, Inc., its employees and its agents, travel facilitators, etc., have the right to terminate my participation at any time for failure to maintain standards of the homestay program or for any actions or conduct which Intercultural Homestays and Services, Inc. and/or agents deem to be inconsistent with the interest, harmony, comfort and welfare of program members, not limited to but including hosts or myself.

It is also my understanding that Intercultural Homestays and Services, Inc., its agents, its hosts, etc., are not responsible either for any injury or loss whatsoever suffered by me during periods of independent travel (which I further understand are at my own expense and responsibility, if arranged by me individually, separate from the program provided by IH) or during any absence from the academic program of the institution or the hosting program or other supervised activities.

All references to this Release to Intercultural Homestays and Services, Inc. and its agents shall include Intercultural Homestays and Services, Inc., all employees, hosts and educational institutions and all of their staff and all agents employed by IH, and all institutions or persons referred by IH. All references to the "parent" of the applicant shall include the person or persons who are legal guardian(s) overseas or responsible for the applicant until the applicant turns 18 years of age.

I have read the terms and conditions set forth in Intercultural Homestays and Services, Inc. RELEASE above and I agree that these constitute my agreement with Intercultural Homestays and Services, Inc. I understand and agree to all of IH's terms as set forth in this RELEASE. I further understand that this agreement shall take force only upon my acceptance into Intercultural Homestays and Services, Inc. Program.

Signature of Applicant _____
Name (Please Print) _____

Signature of Legal Guardians _____
Name (Please Print) _____

Date _____

I certify that I am the parent or guardian of the above, signed applicant, and that I have read the foregoing release and examined the information in the program description. I hereby join in each and every part of the Release (including acts as may subject me to personal financial responsibility), and hereby relinquish any claim that I may have against Intercultural Homestays and Services, Inc. or its agents (as indicated above, both in my own behalf and in my capacity as legal representative (as applicable), including without limitations any claim arising as a result of the applicant leaving the supervision of Intercultural Homestays and Services, Inc., its host, agents, or employees in the U.S.A. and abroad.

Signature of parent/guardian _____

Name(please print) _____

Date _____

This release must be signed and returned to Intercultural Homestays and Services, Inc with the application and fee for your program of choice.

Intercultural Homestays and Services, Inc.
P.O.Box 27184
Seattle Washington 98165-1584 U.S.A.
Phone: 206 367 5332
Fax: 425 483 8690
ihincusa@aol.com
www.ihincusa.com

MEDICAL RELEASE AUTHORIZATION FORM

Student Name: _____
Father's Name: _____ Mother's Name _____
Home Address: _____
Home Phone: _____ Fax: _____

We, the parents of the above student, do hereby authorize Intercultural Homestays and Services, Inc. staff and it's host to act in loco parents and grant them all necessary permissions to consent to any X-ray exams, anesthetic treatment, medical or surgical diagnoses or treatment and/or hospital care that is deemed advisable and is rendered under the general supervision of any licensed physician or surgeon or hospital staff.

We authorize Intercultural Homestays and Services, Inc and it's hosts to return the student to his/her country of origin at the student's or her/his parents expense and if necessary to submit the student to medical treatment if this is deemed necessary after consultation with medical authorities.

It is understood that this authorization is not given in advance of any specific diagnosis, treatment or care being required. It is given to provide authority and power to the aforementioned and to give specific consent to any and all such diagnosis, treatment or care the physician or surgeon may deem advisable.

This authorization will be valid for the complete duration of our daughter/son's involvement with IH's program. (determined by IH staff based on compliance of all rules and regulations of said program)

Parent/Legal Guardian _____
Signature _____ Date _____