



## NATURAL PARENTS CONSENT TO HIGH RISK ACTIVITIES

TO WHOM IT MAY CONCERN:

We understand that while our child is a participant in the Academic Foundation for International Cultural Exchange program, he/she may not drive an automobile or motorcycle, or pilot an aircraft or hang glider under any circumstances. Also prohibited are motocross, bungee jumping, para-sailing, riding in a hot air balloon and off-road vehicling.

By signing below; We accept full responsibility for our child's participation in the recreational activities which we specify below, and in consideration of our child's participation in the Program, agree to fully indemnify and hold harmless both the Academic Foundation for International Cultural Exchange and our child's American Host Family from any and all liabilities, including liabilities to third parties, which may arise from our child's participation in the activities specified below.

Please specify by checking the box (with an X) for each of the following activities you would permit your son or daughter to participate:

- |   |  |
|---|--|
| <input type="checkbox"/> Hunting                                    | <input type="checkbox"/> Snow Skiing (Downhill or Cross Country)     |
| <input type="checkbox"/> Recreational Shooting                      | <input type="checkbox"/> Snowboarding                                |
| <input type="checkbox"/> Driving a Tractor (on private land only)   | <input type="checkbox"/> Driving a Snowmobile (on private land only) |
| <input type="checkbox"/> Horseback Riding                           | <input type="checkbox"/> Scuba Diving                                |
| <input type="checkbox"/> Riding as Passenger in Small Private Plane | <input type="checkbox"/> Rock Climbing                               |

Or Specify Other High Risk Activity

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Name of Student \_\_\_\_\_  
Last First Middle

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Signature of Legal Guardian \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_  
City Country Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year