

KETCHIKAN - KANAYAMA EXCHANGE ASSOCIATION
TRAVEL AUTHORIZATION, MEDICAL AUTHORIZATION, AND LIABILITY RELEASE
Additional Parent Signature Page for Parent not in Ketchikan

PARENT/GUARDIAN: This is a legal document, which may affect your rights and your child's rights in the event that an accident or illness occurs and your child is injured while on any of the Kanayama Exchange events. If you have any questions about this document, you should consult legal counsel. The document also constitutes consent to medial treatment for your child while he/she is away. Your agreement to the conditions of this release is required if you and/or your child elect to participate in the exchange program.

STUDENT INFORMATION

Student Full Legal Name: _____ Home Phone: _____

CONSENT: The above named child has my permission and consent to travel with the Ketchikan - Kanayama Exchange Program and to participate in all the activities. I understand that this program is conducted outside the city of Ketchikan and requires travel by both public and private means of transportation and that my child may be housed in either public or private housing. I consent to these conditions.

RELEASE: In consideration of my child being permitted to travel with the Ketchikan-Kanayama Exchange Program and in further consideration of the chaperones accompanying the group, and except to the extent prohibited by law or public policy, I do hereby release, relinquish, waive and forfeit all claims of damage against the Ketchikan-Kanayama Exchange Program, directors, agents, and employees. I also agree to hold harmless, indemnify, and agree to defend at my own expense, Ketchikan-Kanayama Exchange Program, together with its directors, officers, agents, employees, and chaperones, from any liability or claim of liability of any nature which may be asserted against said Ketchikan-Kanayama Exchange Program, directors, officers, agents, employees, or chaperones, and regardless of the nature of the claim whether for personal injury, property damage, emotional distress or other damages of whatever nature. This release and agreement to be held harmless applies to claims which may arise out of my child's travel to or from housing, lodging, medical treatment or participation in the above program. I additionally agree that in the event health care treatment is required for my child and authorized by a chaperone or volunteer of the Ketchikan-Kanayama Exchange Program or other such persons acting for the Program will be reimbursed for any expenses incurred for such health care treatment. Finally, I agree to reimburse the Ketchikan-Kanayama Exchange Program for any expense in behalf of my child for the transportation, housing, board or otherwise appropriate and incidental to the child's maintenance/care and support during his/her participation in the above program.

Contact information for the parent the student does not live with: ***MUST** be signed by and returned by due date for application to be complete.

Name: _____ Phone: _____
E-mail: _____ Cell Phone: _____ Work Phone: _____
Mail Address: _____
City: _____ State: _____ Zip: _____

CONSENT: This form states that you are in support of your child participating in the Ketchikan-Kanayama Exchange Program and to travel to Japan with the program during the first three weeks of June.

Parent Signature

Please Print

Date

Please mail or fax this form by September 30.

Mail to: Ketchikan-Kanayama Exchange; P.O. Box 6774; Ketchikan, AK 99901 OR Fax to: 907.247.5138
Attn: Colleen Castle