



# STATES' 4-H INTERNATIONAL EXCHANGE PROGRAMS 2018 SUMMER OUTBOUND PROGRAM

## CHAPERONE COMPREHENSIVE RELEASE FORM

Chaperone's Name: \_\_\_\_\_

Outbound Program: \_\_\_\_\_  
Country of Destination

### **MEDICAL RELEASE**

I hereby authorize the representatives of States' 4-H, the States' 4-H Board, international partner organization(s) or the parents of the family assigned as my hosts, to make arrangements for my welfare, including transportation in the event of an emergency, and for whatever emergency medical care may be deemed necessary for my welfare, while participating in this program. I grant permission to release information regarding my health to any individual designated by States' 4-H.

### **INSURANCE AGREEMENT**

I will be provided Sickness and Accident Insurance information for the company chosen by States' 4-H. I acknowledge that this coverage is secondary insurance and supplements any primary sickness and accident insurance that my/our family may have. I understand that this insurance provides coverage for accidents, injuries, or illnesses that occur and are treated while I am out of the Home Country. I understand that the insurance coverage is limited (\$250,000 maximum medical expense per person; does not cover any preexisting condition) and that I/we are responsible for any medical expenses above and beyond those identified in the Insurance Plan Summary, including coverage determined to be in excess of *reasonable and customary*, as defined by the insurance provider. **Program insurance does not cover pre-existing conditions nor the treatment of mental and nervous disorders.**

I agree to follow the States' 4-H Safety Guidelines at all times. I understand that the Safety Guidelines are based on insurance coverage rules and exclusions. If I am injured while participating in a prohibited activity, I will be responsible to pay for the resulting medical bills.

### **LIABILITY RELEASE**

This liability release covers the time period from when the participant departs his/her home state until he/she returns to the U.S. While under the sponsorship of States' 4-H, the participant may not participate in any high-risk activities including, but not limited to, the following:

- hunting
- paintball
- mountaineering & rock climbing
- scuba diving
- jet-skiing
- water skiing
- snorkeling
- bungee jumping
- hang gliding
- glider riding
- parachuting
- parasailing
- hot air ballooning
- sky diving
- driving
- motorcycle/motor scooter driving/riding
- operating motorized lawn equipment
- operating farm equipment
- driving/riding motorized recreational vehicles
- driving/riding all-terrain vehicles
- horse racing
- spelunking

I hereby release States' 4-H (Board, staff, and volunteers), partner Land Grant Institutions (their personnel and volunteers), the international partner organization, program chaperones, and host families past and present from any and all current and future claims, losses, expenses, charges, costs and/or causes of action for loss of property, personal injury, illness, accident or death sustained by me during the time I am a participant in the program.

I agree to supply my own spending money to cover my personal needs and expenses for the duration of the program and return home. I understand and agree that States' 4-H is not responsible for my money or personal property, whether lost or stolen, while I am participating in the program.

I certify that all information provided in the Outbound Chaperone Application is correct and complete, including medical and immunization history. I also understand that any changes in the information provided, including but not limited to changes in my medical history or condition, must be reported to States' 4-H immediately. I understand that withholding information and/or providing incorrect information and/or not reporting changes after the medical form has been submitted are grounds for possible termination from the program and repatriation at my expense with no refund of program fees.

**PHOTO/MEDIA RELEASE**

I grant States' 4-H, 4-H clubs, its nominees, agents, and assigns unlimited permission to copyright and use, publish, and republish for purposes of advertising, public relations, trade, or any other lawful use, information about me and reproductions of my likeness (photographic or otherwise), whether or not related to any affiliation with 4-H, with or without my name. I hereby waive any right that I may have to inspect or approve the copy and/or finished product or products that may be used in connection therewith or the use to which it may be applied.

**CHAPERONE AGREEMENT**

I understand the importance of my role as chaperone for the States' 4-H International Exchange Programs (States' 4-H). I recognize that I will chaperone participants from my state/province as well as participants from other states/provinces. I am aware that my performance in this role will have a positive impact on the experience of the 4-H members under my guidance and leadership. Because of my realization of this opportunity I pledge to cooperate and prepare in every way possible to make this 4-H exchange a rewarding and positive experience.

I agree to:

1. Attend all planned meetings at the state and national level;
2. Comply with all 4-H procedures and policies as well as procedures and policies specific to the States' 4-H exchange;
3. Demonstrate responsible behavior, culturally sensitive attitudes and serve as a role model for the youth (includes not drinking alcoholic beverages in front of 4-H members);
4. Become acquainted with each participant under my direct supervision BEFORE the exchange by correspondence, and/or in person;
5. Facilitate needs for the exchange such as participant agreements, passports, evaluations, financial management, etc. as directed by the exchange coordinators (e.g. States' 4-H, international partner organization, etc.)
6. Counsel participants during their exchange preparation, during their home stay, and upon return to analyze and understand their experience;
7. Counsel participants regarding culture shock, homesickness and other issues;
8. Be available to respond to the safety, health and welfare of participants;
9. Enforce the States' 4-H Participant Agreement;
10. Participate in all exchange activities as required (e.g. orientations, group camp, in-country field trips, etc.);
11. Cooperate under the leadership of representatives of States' 4-H, the international partner organization's staff and volunteers, and my state, to assure success of the exchange;
12. NOT to purchase alcohol for and/or accept or carry alcoholic beverages on behalf of 4-H delegates (4-H delegates are not allowed to consume, accept or carry alcoholic beverages).
13. Use delegates' personal information (such as email) only for communication related to this exchange program. I understand that in my role as chaperone I may have access to confidential information, and I agree to use this information only in carrying out my role as a chaperone.
14. Accept the flight itinerary that States' 4-H arranges for me (the adult chaperone). I agree to pay the cost for any deviations from this flight schedule caused by my personal actions. States' 4-H (Board, staff, and volunteers), partner Land Grant Institutions (their personnel and volunteers), and the international partner organization shall have no liability if I voluntarily or otherwise withdraw or am dismissed from the program. Furthermore, I understand that program fees must be paid in full by the established deadlines in order for me to participate in the exchange.

**I CERTIFY that all information in this application is true and complete to the best of my knowledge. I understand the purposes and objectives of the States' 4-H International Exchange Programs and agree to participate within the framework of the program. The signature of the undersigned adult chaperone indicates a complete understanding of and a willingness to abide by the above *Medical Release, Insurance Agreement, Liability Release, Photo/Media Release, and Chaperone Agreement, States' 4-H & Cancellation policies on the Chaperone application form.***

\_\_\_\_\_  
Signature of adult chaperone

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date