



STUDENT PROGRAM APPLICATION

Passport Size Photo
(Photo must be current, smiling, and just of the face)

Please answer ALL questions with a black or blue pen and write legibly!

STUDENT INFORMATION

First Name: _____ Middle: _____ Last Name: _____

The name you provide must be an exact match to what is printed on your passport.

Date of Birth (mm/dd/yyyy): _____ Gender: Male Female

Country of Citizenship: _____ Grade Level: _____ Religious Affiliation: _____

Home Address: _____

Primary Phone Number: _____

Primary Email Address: _____

Student Lives with: Both Parents Mother Father Other

PARENT INFORMATION

Father's Legal Name: _____ Occupation: _____

Mobile Number: _____ Email: _____

Mother's Legal Name: _____ Occupation: _____

Primary Email Address: _____

Mobile Number: _____ Email: _____

Emergency Contact: _____

Relationship to Student: _____ Mobile Number: _____

SIBLING INFORMATION

Sibling Name	Age	Gender	Grade Level

Who initiated the idea for you to become an exchange student? _____

Do you have any relatives and/or friends applying for this program? YES NO

If YES, please list their names: _____

HOBBIES & INTERESTS

Check all that apply:

- Animals
- Crafts
- Political Activities
- Dancing
- Popular Music
- Astronomy
- Reading
- Theater
- Board Games
- Camping
- Movies
- Computers
- Musical Instruments
- Cooking
- Painting/Drawing
- Television

Other: _____

ATHLETICS

Check all that apply:

- Cycling
- Gymnastics
- Soccer
- Horse Riding
- Handball
- Swimming
- Badminton
- Hockey
- Table Tennis
- Tennis
- Golf
- Skiing/Snow Boarding
- Baseball
- Basketball
- Football
- Volleyball

Other: _____

List foreign languages you have studied.

Language	Year(s) of Study	Oral Proficiency	Auditory Proficiency
ENGLISH		<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent
		<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent
		<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent

What are your favorite subjects in school and why? _____

What are your chores and responsibilities at home? _____

What is your curfew during the school week? _____ Weekend? _____

Can you live with indoor pets? YES NO

Are you allergic to any pet fur/dander? (Please list the animal(s) and your allergy symptoms): _____

Do you smoke? YES NO OCCASIONALLY

Smoking is not allowed while on the exchange program.

Do you attend religious services? YES NO How often? _____

Do you have any allergies to food? YES NO

If YES, please list the foods, the reaction, the severity, and the amount tolerated (e.g. "no peanuts, if consumed a body rash will appear and I will need medical attention" OR "no raw milk/cheese, but ok in baked goods").

Do you have any pharmaceutical or environmental allergies? YES NO

If YES, please list the medication and/or allergy (e.g. dust, grass, etc.) and reaction (e.g. body rash, sneezing, etc.).

Are you on any medications? YES NO

If YES, please list your medication(s). _____

If bringing medication from your home country, NISE requires information as to what it is.

Do you follow a special diet (i.e. vegetarian, vegan, etc.)? YES NO

If YES, please specify (e.g. "vegetarian, but eats seafood, or eats eggs and dairy, etc."): _____

Will you require modification of proposed activities due to religious beliefs or physical restrictions? YES NO

If YES, please specify: _____

In the past 12 months, have you seen a counselor/psychologist/psychiatrist? YES NO

If YES, please explain: _____

PHOTOS –

*On this page please place photos showing your family and friends in places you live and visit. This is a small album for your soon-to-be host family to look through to get an idea of who you are and the people who are important to you. **Please make sure to provide a written description of each photo.***

STATEMENT OF HEALTH –

This section must be completed and signed by the student's physician and/or physician's office.

Student's Full Legal Name: _____ DOB: _____

Physician's Name: _____ Patient Since: _____

Clinic Name: _____

DISEASES

Has the student ever had any of the following illness?

Asthma	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date: _____	Pneumonia	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date: _____
Cancer	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date: _____	Poliomyelitis	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date: _____
Diabetes	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date: _____	Rheumatic Fever	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date: _____
Epilepsy	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date: _____	Scarlet Fever	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date: _____
Hernia	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date: _____	Small Pox	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date: _____
Malaria	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date: _____	Typhoid Fever	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date: _____
Hepatitis	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date: _____	Ulcer	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date: _____

If YES, to any of the above, please explain: _____

IMPAIRMENT OR DISORDERS

Has the student ever experienced any of these impairments and/or disorders?

Bones & Joints	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date: _____	Respiratory System	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date: _____
Abdominal Organs	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date: _____	Persistent Headaches	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date: _____
Anorexia Nervosa	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date: _____	Psych/Emotional	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date: _____
Bulimia	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date: _____	Seizures	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date: _____
Ears or Hearing	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date: _____	Speech	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date: _____
Nervous System	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date: _____	Vertigo/Dizziness	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date: _____
Brain	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date: _____	Heart/Blood Vessels	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date: _____

If YES, to any of the above, please explain: _____

MEDICAL CARE HISTORY

Is the student presently taking any medication or injections? YES NO

If YES, please list: _____

STATEMENT OF HEALTH CONTINUED –

Has the student ever been hospitalized? YES NO

If YES, please explain: _____

Has the student ever been advised to have surgery which was not done? YES NO

If YES, please explain: _____

Has the student ever been treated by a doctor for an emotional, behavioral, or mental disorder? YES NO

If YES, please explain: _____

Has the student ever experienced emotional or physical abuse? YES NO

If YES, please explain: _____

DEPENDENCIES

Has the student ever consulted with or been treated by a specialist for the following:

Alcoholism: YES NO **Substance Abuse:** YES NO **Chemical Abuse:** YES NO

If YES, please explain: _____

ALLERGIES

Does the student currently suffer from allergies? YES NO

Type of Allergy: _____

Is the student allergic to pet fur and/or dander? YES NO Can the student live with pets? YES NO

Allergen if know: _____

Allergy started: _____ Last symptoms: _____

How would you describe the student’s reaction to hay fever? MILD STRONG SEVERE

GENERAL HEALTH

Height: _____ Weight: _____ Pulse Rate: _____ Pulse rate normal? YES NO

Hearing normal: YES NO Blood pressure normal: YES NO

Vision: W/O glasses: OD _____ OS _____ W glasses: OD _____ OS _____

Pupillary & knee reflexes normal? YES NO Is the student able to participate in sport activities? YES NO

Please indicate the student’s overall health: Excellent Good Fair Poor

Physician’s Signature: _____ Date: _____

Clinic Name: _____

VACCINATION CHART –

Student’s Full Legal Name: _____ DOB: _____

Vaccine	Date Each Dose was Administered				
	1st MM/DD/YYYY	2nd MM/DD/YYYY	3rd MM/DD/YYYY	4th MM/DD/YYYY	5th MM/DD/YYYY
Polio (TOPV)					
Diphtheria/Tetanus (DTP, DT, Td or DTaP)					
Hepatitis B 4 weeks between 1st and 2nd vaccinations and 16 weeks total weeks total between 1st and 3rd vaccinations					
Measles (Only include vaccinations after 12 months of age)			If no immunization, give date student had Measles		
Rubella (Only include vaccinations after 12 months of age)			If no immunization, give date student had Rubella		
Mumps (Only include vaccinations after 12 months of age)			If no immunization, give date student had Mumps		
Varicella (Chicken Pox) (Only include vaccinations after 12 months of age)			If no immunization, give date student had Varicella		
Additional Vaccinations Tdap					

Physician Signature: _____

Official Clinic Seal:

Clinic Name: _____

Date: _____

TERMS OF PARTICIPATION –

Exchange Student's Name _____

Northwest International Student Exchange (NISE) and AFS Interkulturelle Begegnungen e.V. (AFS) requires that all exchange student program participants adhere to certain standards of conduct and follow certain rules during their stay as outlined in these Terms of Participation. The student and natural parents/legal guardians are responsible for reading, understanding, and signing these Terms of Participation. The Terms of Participation were devised to give everyone the foundation for a successful, safe and satisfying international program experience. It is very important for the exchange student and the natural parents/legal guardians to understand that if the exchange student fails to abide by any of the following Terms of Participation, NISE and AFS have the right to dismiss the student from the program.

1. I am applying to participate because I wish to be an exchange student, to improve my language skills, to learn about different cultures, and to share my culture with others.
2. I will provide complete, accurate and truthful information related to my application. If at any time during the application process or my participation in the exchange program NISE/AFS determines that I have provided false, inaccurate or misleading information (including any material omission of information) related to my application (including information related to physical and mental health and well-being), my participation may be terminated.
3. I will serve as an “Ambassador” of my country while abroad. It is a privilege to be an international exchange student and I will represent myself, and by extension NISE/AFS, in an honorable manner at all times, including all electronic transmittals. Only students who demonstrate strong academic skills and maturity may participate in the program.
4. My placement is at the sole discretion of NISE and AFS. I understand there are no guarantees made regarding the host family type or location. Hosts may be married, single, retired, with children, or without. I agree that I will make every effort to adjust to and become a member of the host family and community, including spending a reasonable amount of time with my family each day. I understand that the purpose of the program is to participate in an academic and cultural exchange in another country. In addition to learning the language and customs of the US, I am expected to make every effort to adapt to the culture and lifestyle of that country. I understand that there may be significant cultural, economic and lifestyle differences between the US and Germany including customs, values and acceptable behavior with regards to age and gender.

I will adapt to any placement, regardless of the state, region, or urban/rural environment. I understand that I am expected to adjust to the host family selected for me regardless of their ethnicity or cultural heritage. I also understand that host families represent a wide range of socio-economic levels, which may vary greatly from my own.

NISE and AFS will reevaluate a host family placement before departure for the US or during the program if there are valid concerns for the student’s well-being or safety.

5. I will not compare my host family to other families, nor will I discuss their private matters with others. I will try to resolve conflicts with the help of my Group Coordinator and/or NISE and AFS representatives through discussion and compromise. I acknowledge that I cannot change host families at will. I understand switching families and/or schools is always a last resort and is at the discretion of NISE/AFS.
6. I will respect each member of the host family and will follow their rules about curfew, dating, watching

television, and use of electronic devices, etc. I will do my best to initiate participation in family mealtimes, chores, and other family activities. With regards to food, I will make every effort to try everything the family offers and adapt to family meals as it is an important part of the cultural exchange program. I will place greater importance on time spent with my host family than with schoolmates from Germany. I will limit my time alone in an effort to prevent culture shock, boredom or loneliness.

7. Compliance with US Laws: I will obey the laws of the United States. Breaking the law may lead to early program termination.
8. Drugs: I understand that possession, sale, or use of illegal drugs is grounds for immediate dismissal from the program. Items include but are not limited to marijuana, cocaine, bath salts, salvia, ecstasy, prescription drugs/pain killers (i.e. improper use or possession of pills that were not prescribed for you) and any other mind and/or body altering substance. All these items are considered forbidden substances by NISE/AFS and are grounds for immediate dismissal from the program.
9. Alcohol: I agree that I will not drink alcohol, even at my host family home, or attend gatherings where alcohol is served to minors under the age of 21. This applies regardless of laws in my home country or what my natural parents permit. NISE/AFS students are forbidden to purchase, possess, or to drink alcohol, to be in any area of a bar or restaurant where minors under the age of 21 are prohibited, or to be in a group of minors who are in the possession of alcohol, even if the student is not personally drinking. I understand that a violation of any aspect of this rule is grounds for immediate dismissal from the program.
10. Sexual Conduct: I will not participate in any sexual contact or sexual activity. I will not date a host sibling, host family member, or relative. Any student suspected to be dating, or in an abnormally close relationship with a host family member or relative will be removed from the host family. Consensual sexual relationships with anyone, whether a host family member or not, are strictly forbidden and are grounds for termination.
11. Smoking/Tobacco: I will not purchase, use, or possess any tobacco and/or smoking related products (including, but not limited to, cigarettes, e- cigarettes, hookahs and smokeless tobacco). I understand that I may be terminated from the program if I buy, use, or possess tobacco and/or smoking related products.
12. Weapons: I will not purchase, handle, or use guns (including air-projectile guns such as those used in paintball or other games), knives, or brass knuckles at any time. Students are not allowed to participate in any type of hunting activity.
13. Driving: I will not drive any motorized vehicles (including motorcycles, scooters, ATVs, snowmobiles, jet skis) at any time while on the program. I may only be a passenger in cars, trucks, vans, and buses. Driving is strictly forbidden and is grounds for program termination.
14. Hitchhiking (Requesting/Accepting Rides in Vehicles from Strangers): I will not accept rides from strangers. It is very dangerous to take a ride from an unknown person. Hitchhiking is strictly forbidden and is grounds for program termination.
15. Visits with relatives/friends: I understand and agree that my friends and family from my home country are not allowed to visit me while I am on the program.
16. Travel: I understand and will obey the program rule that students may not go on trips without written permission from their natural parents and approval from NISE/AFS.
17. My parents and I agree to NISE/AFS program rules to make best efforts (unless an emergency) to limit contact with family members and home country friends/relatives to once a week, and for no longer than one hour, in order to maximize assimilation and adaptation into the US exchange experience. This rule

applies to all methods of communication, e.g. phone, internet, text messaging, Skype, IM, Facebook. [Bringing a cell phone from a student's home country often interferes with the student's integration into the host family and US culture. Students who do bring a cell phone must abide by the contact with home rule as outlined above. Students will be financially responsible for their international calls and should not use the host family phone to make international calls. Students are encouraged to buy a local cell phone to keep in touch with their host parent(s).]

18. I will limit non-academic computer use to no more than one hour per day. This includes emailing, 'surfing' the internet, and playing computer games. This time is not accumulative and cannot rollover to the next day. I will obey this rule even if I bring my own personal computer, smart phone, iPod, iPad, or other electronic equipment. All electronic communications must comply with the NISE/AFS Electronic Media, Internet and Social Networking Policy. I agree that my personal network accounts must conform to the NISE/AFS Media, Internet and Social Networking Policy before I depart my home country and for the duration of my participation in the program.
19. I must attend school and be present and on time to each class/activity unless I have a doctor's note or legitimate excuse. I am solely responsible for being ready on time to each class/activity.
20. I will provide a doctor's letter of explanation in English to accompany all prescription drugs, over the counter drugs (other than ibuprofen or acetaminophen), and herbal supplements that I bring with me from my home country, or that are sent to me while on the program.
21. I will not participate in unsafe activities such as skydiving, hang gliding, or bungee jumping. I will confirm insurance coverage for any potentially dangerous activity. I will request approval for and will never take part alone in such sports as: snow sports (snowboarding, snow skiing, inner tubing, etc.); hiking; swimming; boating; or other potentially dangerous pastimes. For all potentially dangerous activities that are allowed, all extra appropriate precautions will be taken such as wearing a seat belt, helmet, body gear, etc.
 - a. Some host families may have swimming pools or may frequent pools, lakes, or beaches that may or may not have life guards present. I will notify the NISE, AFS, host family, and other related parties in advance if I am unable to swim or lack sufficient swimming skills.
22. I will always wear a seatbelt when traveling in a car. Failure to wear seatbelts can cause serious injury in the event of an accident.
23. I will not visit inappropriate venues such as pornographic shops, adult theaters, all-ages clubs, or drinking establishments, and that going to such venues is prohibited.
24. I must not make any "life-changing" decisions such as getting married or converting to a different religion. I understand that the program forbids tattooing and body piercing while on the program. I agree to abide by the program's demand to remove any piercings that they deem unacceptable. I must not dye my hair an unnatural color while on the program. Students may attend church and learn about religions while in the US; however, any religious conversion is prohibited.
25. I understand that upon successful completion of the program, I will be expected to return home, unless pre-arranged and pre-approved extended travel has been granted NISE/AFS.
26. I promise to remain in school through my program end date. If I decide to return earlier, I agree to complete a Voluntary Program Release form providing the reasons for my return and flight information.
27. I understand that one of my natural parents must have a valid passport for emergency situations in case my parent is required to travel to the US during the program.

28. Should a problem arise during the program that is not an emergency, I must make best efforts to contact my Group Coordinator, AFS or NISE representative, in order to facilitate an efficient resolution to the problem. In the case of an emergency or hospitalization, I will contact my host family, Group Coordinator, AFS and/or NISE representative as soon as possible.
29. I understand that my host family is responsible for housing, minimal transportation, and three meals per day. I am responsible for all other expenses including, but not limited to: personal food, toiletry items; entertainment expenses; and travel expenses while with the host family. I must also have \$250 USD, as well as an active credit card and debit card available for emergency funds such as medical or other unexpected expenses.
30. I am responsible for the safe keeping of my own items while in the US, including, but not limited to, any spending money that I may bring which is not to exceed the equivalent of \$500 USD total. NISE/AFS and the host family are not responsible for any loss or theft of money or personal items.
31. I understand that any pre-existing health condition will not be covered by the program insurance. If it becomes apparent after my arrival in the US that I have previously undisclosed or undiscovered health issues, NISE/AFS reserves the right to end my program. All pre-existing conditions must be disclosed to NISE/AFS and if approved as eligible for program consideration will require the advance purchase of sufficient medical insurance that cannot be purchased after entry into the US and will therefore require program termination if not acquired in advance. I am not allowed to use or take any prescription drugs without prior disclosure and approval by NISE/AFS. It is very important that my natural parents and I disclose of ALL previous mental and physical conditions and treatments that I have had before I enter the US on the program.
32. I agree to pay for any medical expenses not covered by insurance. If required to pay before treatment, I will do so on my own and have the money readily available. If the program or my host family pays any medical bills; I agree to reimburse them upon request, even after I have returned to my home country.
33. I agree to pay any outstanding debts before I return to my home country. If the program, my host family or others pay any such debts on my behalf; I agree to reimburse them upon request. I am responsible for paying for any property damage I may cause.
34. It is the policy of the program to provide equality of opportunity in education for all students. Accordingly, the program does not practice or condone unlawful discrimination in any form against students or host families on the grounds of race, color, religion, creed, sex, national origin, age, disability, or veteran status. Nor does the program allow discrimination on the basis of sexual orientation. Discrimination based upon race, color, religion, creed, sex, national origin, age, disability, veteran status, or sexual orientation is in violation of federal and state law and the program's policy, and will not be tolerated. The program will respond promptly to all complaints of discrimination and retaliation. Violation of this policy can result in serious disciplinary action up to and including program termination or discharge for employees. Retaliation against any person complaining of discrimination is in violation of federal and state law and the program policy, and will not be tolerated.

PROGRAM TERMINATION: NISE and AFS reserve the right to terminate program participation for the violation of any of its rules and Terms of Participation. If terminated, the participant must depart from the program within no more than 48 hours.

I understand and agree to comply with all of the above Terms. I also understand and agree that if NISE/AFS terminates my participation in the program, I am responsible for paying the full cost of my flight home and any other early return costs.

Exchange Student's Name _____

Exchange Student's Signature _____ Date _____

We agree to be financially responsible for the student's responsibilities under the Terms of Participation.

Natural Mother/Legal Guardian's Signature _____ Date _____

Natural Father/Legal Guardian's Signature _____ Date _____

ELECTRONIC MEDIA POLICY –

Addendum to Terms of Participation

NISE & AFS Electronic Media, Internet and Social Networking Policy

Students will be held responsible for everything posted and linked to their profile on social media and networking sites. This includes statements, comments, and photos.

Students must refrain from posting any content or images that indicate a violation of local, state or federal laws and NISE & AFS rules. This includes any content or images perceived as obscene, defamatory, threatening, harassing and hateful, or harmful to the reputation of another person. Moreover, students must refrain from illegal downloads or transmissions to or from any computer, laptop, cell phone, PDA or other personal electronic device, whether owned by the student or another person or institution.

Further, students must refrain from any electronic, online or other activity that could compromise their safety or the safety and privacy of their host family or others. This includes communication or meeting with strangers, posting any information that could be used to identify their or their host family's identity or location such as full names, address, phone number, bank and credit card information, etc. Sexting (the act of sending sexually explicit text or images between cell phones or electronic devices) and bullying are some of the many illegal activities often conducted through electronic means that students must be aware of and refrain from. Any such harmful actions may result in disciplinary procedure such as warning, probation and/or early termination from the NISE/AFS program.

WE AGREE TO COMPLY WITH THESE TERMS:

Exchange Student's Signature _____ Date _____

Natural Mother/Legal Guardian's Signature _____ Date _____

Natural Father/Legal Guardian's Signature _____ Date _____

LIABILITY RELEASE –

Exchange Student's Name _____

I hereby release Northwest International Student Exchange (NISE)/ AFS Interkulturelle Begegnungen e.V. (AFS) and all of its employees and field representatives, and host families from all liability, injury, damages or claims which I have incurred during the program. Further, I understand that I will not be covered by any insurance policy after the program has been terminated.

The undersigned, as a student and participant of NISE/AFS, and the parents/legal guardians of the student in the program, renounce any claim against NISE/AFS, its employees, agents, teachers, counselors, school where the student may be assigned, or any person intervening in the Program, that might arise due to injury, damage, sickness, accident, delay, unusual circumstances due to strikes, criminal acts, war, acts of terrorism, atmospheric conditions, quarantine, government restrictions or regulations, or those derived from acts of omission of airlines, shipping companies, railroads, buses, transportation in general, hotels, restaurants or any other service given by companies, individuals or anyone related with the aforementioned.

We understand that the student will be subject to the rules of the program, host family, school, teachers, and the community where he/she will live. We also understand that NISE/AFS reserves the right to terminate any student who participates in the program whose conduct may be considered detrimental or incompatible with the interest and security of the program. If this decision is ever taken, the student and his/her parents/legal guardian have no right to any refunds.

We accept the right for NISE/AFS to directly, or indirectly, change, cancel, substitute in emergencies or whenever normal circumstances change, those parts of the program whose alteration may be considered necessary. We also accept the right for NISE/AFS to change, before and after departure, the cost of the program to meet unexpected changes in airfares or the price of transportation in general, monetary devaluation, etc. We understand that should there be a geographic move of the students for any reason whatsoever, the cost of the transportation shall be borne by the student.

We grant NISE/AFS permission to use in the future any photographic or any other type of material in which the student may appear, for promotion or publicity of NISE/AFS programs.

The student and natural parents/legal guardians agree to uphold the standards set by NISE/AFS, the school and the family with whom the student will live, for the duration of the program. The student also agrees to maintain friendly and respectful relations with teachers, program coordinators, classmates and all family members, and to accept and follow rules of conduct imposed by said family and to participate in family life as much as possible.

Exchange Student's Signature _____ Date _____

Natural Mother/Legal Guardian's Signature _____ Date _____

Natural Father/Legal Guardian's Signature _____ Date _____

STATEMENT OF GUARDIANSHIP & MEDICAL RELEASE –

Exchange Student's Name _____

This section is to be read and signed by the student's natural parents/legal guardians.

We grant Northwest International Student Exchange (NISE)/AFS Interkulturelle Begegnungen e.V. (AFS), its employees and agents, the school where the student will be assigned, and the family/families with whom he/she will live permission to place our son/daughter in a hospital or other institution for any type of assistance or medical treatment necessary. If there is not a hospital available or appropriate, our son/daughter may be placed under the care of a local medical doctor for treatment. In the case of expenses exceeding the coverage of the insurance policy covering the student, we agree to assume all costs necessary in the treatment of our son/daughter.

We also authorize NISE/AFS, its employees and agents, the school where the student will be assigned, and the family/families with whom he/she will live permission to submit our son/ daughter to any needed medical treatment, including the possibility of surgery, after consultation with medical authorities. In the case of expenses exceeding the coverage of the insurance policy covering the student, we agree to assume all costs necessary in the treatment of our son/daughter.

We also grant the above-stated individuals and organizations the authority to act on behalf of our son/daughter in anything pertaining to possible representation of our son/daughter with local government authorities, and to sign authorizations and give consents for our son/daughter to enroll and participate in sports, special events, places of recreation and amusement, and other activities.

This authorization shall be valid for the entire duration of the NISE/AFS program in which the above-named international student is participating.

Natural Mother/Legal Guardian's Signature _____ Date _____

Natural Father/Legal Guardian's Signature _____ Date _____

SWIMMING LIABILITY WAIVER –

PLEASE READ CAREFULLY. THIS IS A LEGAL DOCUMENT WHICH AFFECTS YOUR LEGAL RIGHTS.

I, _____ the undersigned, wish to participate in swimming activities.
Exchange Student Name

I know that entering a swimming pool, pond, lake, river or other body of water involves certain risks. Those risks include, but are not limited to, the risk of death or serious injury resulting from possible malfunction of the equipment used in the body of water, tripping or falling over obstacles in or near the body of water, injuries from animals in the water, underwater hazards, and waves, whirlpools, riptides, and hidden water currents. I know that most bodies of water are not patrolled by lifeguards and that I am responsible for my own safety when I enter water, swim, dive, or participate in water sports such as sailing, wakeboarding, and windsurfing.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

I certify that I know how to swim, and that I am able to swim by myself without assistance and without flotation devices. In consideration of participating in water activities, I hereby agree as follows:

1. TO WAIVE ANY AND ALL CLAIMS that I have or may in the future have against Northwest International Student Exchange (hereto referred to as "NISE"), AFS Interkulturelle Begegnungen e.V. (hereto referred to as "AFS") that arranged the program, their employees and field representatives, and host families, for death (including drowning) or physical injury related to entering or being near a swimming pool, lake, river, ocean, or other body of water, including but not limited to swimming and water sports.

2. TO RELEASE NISE/AFS, their employees and field representatives, and host families from any and all liability for any loss, damage, injury or expense that I may suffer as a result of participating in activities in or on any swimming pool, lake, river, ocean, or other body of water due to any cause whatsoever.

3. TO HOLD HARMLESS AND INDEMNIFY NISE/AFS, their employees and field representatives, and host families from any and all liability from any damage to property of, or personal injury to, me or any third party, resulting from my entering any swimming pool, lake, river, ocean, or other body of water, or participating in any water sport in or on any body of water.

I HAVE READ AND UNDERSTOOD THIS AGREEMENT, AND I KNOW THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS.

Exchange Student's Signature _____ Date _____

We, the parents or guardians of the student, waive, release, and agree to hold harmless and indemnify NISE/AFS and its employees, field representatives, and host families from any and all claims for personal injury and property damage resulting from or related to the student swimming, diving, entering any body of water, or participating in any water sport in or on any body of water, including claims related to personal injury to the student, death by drowning or other cause, and damage to property of any kind.

Natural Mother/Legal Guardian's Signature _____ Date _____

Natural Father/Legal Guardian's Signature _____ Date _____