



Supplemental Activity Waiver

This activity waiver is intended to clarify AFS' and others' responsibilities in case of any irregularities while participating in the below listed activities.

I/We understand that our son/daughter, _____(student name) wishes to engage in: _____(list activity(ies)) during his/her participation in the AFS program.

I/We further understand that my/our consent for this/these activity(ies) per this document means that I/we give permission for my/our son/daughter to participate in this/these activity(ies) at any time while on the AFS program, without the need to obtain additional consent from me/us.

I/We hereby consent to my/our son's/daughter's engaging in the above listed activity(ies).

We hereby release the host family and AFS-USA, Inc. and AFS Intercultural Programs, Inc. (AFS), their employees, agents and affiliates (such as AFS national and local organizations) from and hold each of them harmless against, any and all liabilities, including but not limited to claims for negligence, that they may jointly or severally incur to us or our child, our heirs, executors, administrators, successors and or assigns, in respect of any claim, suit, or cause of action, including legal fees and expenses of litigation, on account of any personal injury, bodily injury, death, loss of health, financial loss or damage to property directly or indirectly sustained by us or our son/daughter as a result of our son/daughter's participation in the types of activities described in this release or other similar activities. Notwithstanding the foregoing, this release does not apply to intentional wrongdoing or gross negligence on the part of the host family, or AFS, its employees or volunteers. We further understand that the list of activities below does not constitute a promise by AFS or by the host family that our child will have the opportunity to engage in those activities.

I/We understand that we may contact AFS should I/we, have any questions or concerns about this waiver or the participation of my/our child in this/these activities.

PARENT/LEGAL GUARDIAN: PRINT FULL NAME SIGNATURE DATE (mm/dd/yyyy)

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