

**Adult Legal Form – Domestic Programs
Medical Care, Release and Consent**

Intended use: This form shall be used for adults attending CISV USA activities held within the United States (mini camps, the Annual Meeting & Conference/CISV In Motion, National Youth Meeting, National Leadership Training, etc.). THIS FORM IS NOT FOR USE FOR INTERNATIONAL PROGRAMS, WHETHER HELD IN THE USA OR OUTSIDE THE USA.

This form is to be completed by the adult participant. The signed original should be given to the activity director/event chair. A copy should be retained by the sending Chapter. Completion and signing of this form is a condition of participation in the CISV activity named below.

**Part 1: Personal Information**

Full Name of Participant: Click here to enter text. Participant’s DOB: Click here to enter text.

Participant’s Cell Phone: Click here to enter text. Participant’s E-mail: Click here to enter text.

CISV Activity & Location: Click here to enter text.

Please list any dietary restrictions:
Click here to enter text.

Please list any allergies or other health restrictions:
Click here to enter text.

**Part 2: Emergency Contact Information**

Please provide a contact that CISV can use during the activity in the event of a medical or other emergency:

Full Name of Contact: Click here to enter text.

Contact’s Address: Click here to enter text.

Contract’s Home Phone: Click here to enter text. Cell Phone: Click here to enter text.

Alternate Contact Full Name (optional): Click here to enter text.

Alternate Contact Home Phone: Click here to enter text. Cell Phone Click here to enter text.

**Part 3: Authorization for Medical Treatment**

In the event that I am unable to give instructions or consent for my own medical treatment, and prompt medical attention is needed, I hereby appoint CISV personnel from the host Chapter/CISV USA to consent to medical treatment or authorize prescribed medication on my behalf. This appointment is valid for the period stated below.

From Click here to enter a date. To Click here to enter a date.

**Part 4: Medical Insurance & Financial Responsibility for Medical Treatment**

I understand that all participants must have medical insurance in order participate in the CISV activity named above. I declare that I do have medical insurance for any medical expenses that I incur while participating in the activity. A copy of my medical insurance card is attached. (Please attach by stapling the card to this document.)

Insurance Company Name: Click here to enter text.

Name of the Insured: Click here to enter text. Policy Number: Click here to enter text.

**Part 5: Legal Release & Responsibility to Pay for Damage**

I understand the nature of the CISV activity named above and I agree not to make a claim or file a lawsuit against CISV if I am injured while traveling to/from and/or participating in the activity, unless there has been gross negligence on the part of CISV.

I understand that CISV participants are expected to conduct themselves in accordance with local laws and CISV rules, including the *National Code of Conduct for CISV USA*. I understand and agree that if I violate any aspect of the *National Code of Conduct* or other policy, I may be asked to leave the activity at CISV’s discretion. I am responsible for any additional costs related to an early departure, including travel and/or separate accommodation costs. I also agree to pay for any damage or injury caused by my actions.

**Part 6: Membership**

I understand that as part of participation in the activity named above, I am required to hold membership in a CISV Chapter or the National Association. I agree that CISV will keep a record of my name and contact details, will use this information for internal administration of membership and participation, and may contact me in the future with information about the organization.

An individual may participate in activities without membership for the purpose of recruitment.

**Part 7: Permission to Use Photographs, Artwork, Written Work, Videos, and Audiotapes**

I agree that CISV may use and publish photographs, artwork, written work, videos, and audiotapes created as part of participation in the activity named above. CISV may use these items in the production of educational, social, or promotional materials including web pages. These items may be used and published with my first name or nickname, age, Chapter, and/or nationality. Unless my specific consent is obtained, I will not be identified by full name.

**Part 9**: ***National Code of Conduct for CISV USA*Please place a checkmark in each box after reading the statement.**

[ ]  I acknowledge that I have read, am familiar with, understand, and agree to respect and abide by the *CISV Behavior Policy* (R-07 [1536]) and its standards, guidelines, and recommendations.

[ ]  I acknowledge that I have read, am familiar with, understand, and agree to abide by the *Child Protection Policy and Procedures*.

[ ]  I will abide by all local laws and standards of acceptable public behavior. Under no circumstances will I purchase or consume alcohol if under the age of 21. In addition, if I am of age, I will not purchase or provide these items for someone else who is under the age of 21. I understand that the purchase, possession, or consumption of psychoactive or mind-altering substances will not be tolerated under any circumstances, regardless of local laws permitting their purchase, possession, or consumption.

[ ]  Only people who are assigned to my room/cabin/house will sleep there. In addition, I will respect and follow any additional rules set for the activity in relation to visitors being in my room/cabin/house.

[ ]  I will exhibit respectful and reasonably quiet behavior in all areas of the site, including bedrooms, hallways, elevators, public areas, and meeting rooms. In addition, I will show respect toward all hotel/site employees and fellow CISV participants.

[ ]  If I need to leave the site for any reason prior to its conclusion, I will notify the program planner or CISV staff of my departure. If I am chaperoning any youth, I will insure that a substitute chaperone is appointed prior to my departure.If I drive during the program for the benefit of CISV, I must (1) be at least 25 years of age; (2) havea minimum of $100,000 each accident bodily injury and property damage coverage in personal automobile insurance; and (3) have provided to my Chapter, within the past 12 months, a copy of my Motor Vehicle Record (MVR) showing no serious infractions (e.g. DUI, reckless driving, etc.) and not more than two minor infractions (i.e. minor moving violation).I further understand that if I drive during the program for personal reasons, I am not covered by CISV USA’s liability insurance policy.

[ ]  I will attend, be on time to, and fully participate in all activities throughout the entire program.

[ ]  I will abide by any additional rules.

[ ]  I understand that if I violate any part of the *National Code of Conduct for CISV USA* I will be subject to disciplinary action decided upon by the staff of the activity, including but not limited to having my participation in future activities limited and/or being sent home at my own expense. I also understand that I must pay for any damage to the site that I may cause.

**Part 9: Required Signature of Participant**

Participant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_