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This form requires that you have **ADOBE ACROBAT 9 or HIGHER**  
([downloadable here](#))

Do not begin filling this form in without first having downloaded **ADOBE ACROBAT 9 or HIGHER**, otherwise the data you enter may not be viewable on other computers and when printed.

**PLEASE UPDATE NOW**

## Youth Legal Information Form - Appointment of Temporary Guardian for Travel and Medical Care, Release and Consents (YLIF)

This form relates to youth participants (under the age of 16 at the time of departure for the CISV programme) and is to be completed by a parent or legal guardian of the participant. The signed original plus two copies should be given to the Adult Leader, who must carry them to the CISV international programme. A copy should also be left with the participant's home CISV Chapter. *Note. In this form, unless otherwise specified, "CISV" includes CISV International Ltd, all National and Promotional Associations, together with all leaders, staff, volunteers, employees, agents, members. **Signing this form is a condition of participation in the CISV Programme noted below.***

Full Name of Participant			Participant's Date of Birth (day / month / year)	
CISV Programme (e.g. Village (2013-111))			Host National Association (Country)	
Full Name of Adult Leader			Leader's Date of Birth (day / month / year)	
Full Name of Participant's Parent or Legal Guardian				
Emergency Contact information that CISV can use during the Programme				
Name				
Number & Street				
Town / City		Area / State / Province		
Country		Postcode / Zip code		
	Country Code	Area Code	Local Number	
Telephone				
Mobile Number				
Fax Number				
E mail				
Alternate Emergency contact phone number				

### Part 1: Authorization for Participant to travel with an Adult Leader

I give permission for my child to travel to and from the CISV Programme with the Adult Leader named above.

### Part 2: Appointment of Adult Leader and others as Temporary Guardian of Participant

I hereby appoint the Adult Leader named above as a Temporary Guardian of the Participant named above for the purposes of consenting to medical treatment and providing prescribed medication. If the Adult Leader is not available, and prompt medical attention is needed, I also appoint CISV personnel (Programme Staff or Host Family) from the Host Country named above to consent to medical treatment on behalf of the Participant. This Appointment is valid for the period stated below.

From (day/month/year)		To (day/month/year)	
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**Part 3: Health Form**

I understand that I must provide a properly completed CISV Health Form in order for the Participant to attend the CISV Programme named above.

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

I understand that the Participant must have medical insurance in order to participate in this CISV Programme. Proof of medical insurance must be provided below or attached to this form. If the insurance is not accepted or does not pay, I accept financial responsibility for the necessary medical expenses of the Participant.

**Part 5: Proof of Medical Insurance**

If you have private medical insurance, please tell us the name of the insurance company and attach a copy of your insurance card or other proof of insurance that can be provided to a doctor or hospital.

<b>Name of Insurance Company</b>	
<i>(Please tell us the policy number)</i>	
<b>Insurance company contact details (including phone number) in case of potential claim:</b>	
<b>Insurance company 24-hour service (including phone number) in case of emergency:</b>	

If you have national medical insurance or insurance provided by CISV International or your National Association, please tell us which insurance you have and attach a copy of the proof of insurance you have received.

	Tick one
<b>National / Regional Health Insurance Policy</b> <i>(Please specify the country and policy number below)</i>	
<b>CISV medical insurance arranged by your National Association through CISV International</b>	
<b>CISV medical insurance arranged individually by you through CISV International</b>	
<b>Other medical insurance provided by your National Association</b>	

**Part 6: Legal Release & Responsibility to Pay for Damage** *(see Note of Explanation at the end of this form)*

I understand the nature of the CISV Programme noted above and I consider my child to be capable of taking part in it.



I agree not to make a claim or file a lawsuit against CISV if my child is injured while travelling to / from and participating in the above Programme, unless there has been gross negligence on the part of CISV.

My child and I understand that CISV participants are expected to conduct themselves in accordance with local laws and CISV rules. If my child engages in inappropriate behaviour he / she may be sent home before the end of the Programme at CISV's discretion. I will cover the costs of this trip.

I also agree to pay for any damage or injury caused by my child.

**Part 7: Membership**

I understand that as part of participation in the above Programme, my child is an Individual Activity Member in CISV International. I agree that CISV will keep a record of my child's name and contact details, will use this information for internal administration of membership and participation and may contact my child in the future with information about the organization.

	<p>This form requires that you have <b>ADOBE ACROBAT 9 or HIGHER</b> please update now. Do not use versions 7 or 8 of Adobe Acrobat, or Viewer (MAC) to complete this form</p>	
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**Part 8: Permission to Use of Images and Art or Written Work**

I agree that CISV may use and publish photographs, artwork, and written work as well as video and audiotape created as part of participation in the CISV Programme. CISV may use these items in the production of educational or promotional materials including web pages. These items may be used and published with a child's first name (or nickname), age and nationality. Unless my specific parental consent is obtained, children will not be identified by full name.

**Part 9: Permission to Swim**

I give my child permission to participate in swimming and other water activities. My child's swimming ability

<b>Swimming Ability</b> (tick one)	<b>None</b>		<b>Some</b>		<b>Good Swimmer</b>	
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**Part 10: Use of the CISV Friends website**

I give my child permission to register on the CISV Friends website. CISV Friends is designed to assist CISV with its administration of the CISV Programme and to help CISV participants to stay in touch with each other after the CISV Programme.

**Part 11: Research on CISV Programmes**

In addition to its educational programmes, CISV works to promote research in the field of intercultural education and relations. I give permission for my child to participate in approved research projects. Unless my specific parental consent is obtained, children will not be identified by full name. For further information, please see CISV International's Amended Research Guidelines (Info-File R-04) available at <http://resources.cisv.org>.

**Part 12: Signatures**

As proof of:

- permitting my child to travel with the named Adult Leader as noted in Part 1 above;
- appointing the Adult Leader and others as Temporary Guardian as noted in Part 2 above;
- understanding the requirement of a properly completed Health Form as noted in Part 3 above;
- accepting the insurance requirement and financial responsibility as noted in Part 4 above;
- the insurance information provided in Part 5 above;
- accepting my obligations and the release and conditions / terms noted in Part 6 above;
- All other permissions noted in Parts 7 through 11 above

I have signed this legal document on the date stated immediately below.



<b>Signature of Parent or Legal Guardian</b>		
		<b>(Day / Month / Year)</b>

**Witness**

Before you sign this document, you should have somebody there who can act as a witness. Please ask them to sign below to say that they saw you sign this form. As CISV operates in many different countries and some require that signatures be witnessed, CISV asks that this practice be followed in all cases. The witness must be aged 21 or over. It is recommended (but not necessary) that the witness be a member of your CISV Chapter.

<b>Signature of Witness</b>		
		<b>Day / Month / Year of signature</b>
<b>Printed name of witness</b>		
<b>Date of birth of witness</b>		

**Notary** (This space is for the official Seal and/or Signature of a Notary or witness if legally required by either the Participant or Host's National Association.)

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## NOTE OF EXPLANATION

For over fifty years, CISV has worked to increase cross-cultural understanding among the children and youth of the world. Thousands of young people have been transformed by personal experience through CISV's multi-cultural educational programmes. Since the first Village in 1951, CISV volunteers have worked to provide healthy and secure opportunities for our participants to learn about the world and themselves. We are proud of our results and work hard to earn the trust of parents who allow their children to participate in CISV.

Although the health and safety of all CISV participants is of great importance to the world-wide network of volunteers that make the CISV programme possible, in recent years, the cost of property and liability insurance has increased steadily despite our risk management programme.

In order to ensure the continued operation of its programme, CISV International requires a liability release as a condition of participation. For this reason, in order to participate as a CISV delegate, a parent or legal guardian of all youth participants under the age of 21, must sign a Legal Release & Responsibility to Pay for Damage (contained in the YLIF and TWAL). All participants age 16 or older, including all leaders and staff, must also sign the Legal Release & Responsibility to Pay for Damage (contained in the TWAL or ALIF).

Although CISV will work to maintain liability insurance for the benefit of non-participants, including schools and other institutions that provide facilities for our programmes, we believe that this release, together with our on-going risk management efforts, will limit the impact of rising insurance premiums on our ability to offer the CISV programme in countries around the world.

CISV International continues to ask all participants to carry their own medical insurance.

If you have any questions about the Release, please discuss them with a CISV representative before signing.