



\_\_\_\_\_  
Candidate Name (First/Middle/Last)

\_\_\_\_\_  
Home Country

\_\_\_\_\_  
Date

**PERMISSION TO USE PHOTOGRAPHS AND VIDEO FOOTAGE**

We understand that photographs and film and video footage (the images) of current and former candidates are occasionally used by AFS in promotional materials. By signing this Agreement, we grant to AFS the right to use, publish and/or reproduce for any lawful and legitimate purpose excerpts from interviews and letters, images and audio recordings and any other still or moving images of the candidate taken during his/her involvement with AFS and to use his/her name in this connection. We understand that if we do not wish the candidate's images to be so used, we must mark the following box and initial the space beside it. By leaving this box blank, we understand that we will be deemed to have consented to such use.

If you initial here, you confirm that you DO NOT give permission for AFS to use such letters, images and audio recordings of your child. In this case, your child may not be allowed to be part of AFS group photos, etc.

**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

Should any medical emergency arise, if time permits, AFS will communicate with us through the National Office and request permission for surgery or other necessary treatment; however, if in the sole judgment of AFS, time and circumstances do not permit communication with us, we authorize AFS to consent to medical treatment, the administration of x-ray examination, anesthetics, blood transfusion, medical or surgical diagnosis or treatment and hospital care and to make medical evacuation arrangements and transport, if required, which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon.

We are aware that some local government or school authorities may require certain vaccinations in order for our child to participate in school or community responsibilities. We understand that we are responsible for any costs related to these requirements.

**AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION**

We hereby authorize AFS, and/or its duly authorized medical consultant, to obtain all medical records relating to examinations or treatments for our son/daughter while on the program and any other information concerning such examinations or treatments.

**PERMISSION FOR SCHOOL SPONSORED ACTIVITIES (FOR SCHOOL-BASED PROGRAMS ONLY)**

We authorize the AFS host parents for my son/daughter during his/her participation in the AFS program to execute any authorization required by our son/daughter's school for our son/daughter to participate in any school sponsored activities, events or programs.

**SCHOOL COMMITMENT (FOR SCHOOL-BASED PROGRAMS ONLY)**

The student fully understands that this AFS program is school-based and family-oriented. The student intends to participate fully in school activities and to complete all assignments and schoolwork while on exchange. We understand that school is compulsory. If the student should neglect the above, AFS and/or the host school has the right to deny his/her participation in classes and s/he may be sent home.

**AGREED AND ACCEPTED BY**

\_\_\_\_\_  
(Signature of Natural Parent)

\_\_\_\_\_  
(Signature of Natural Parent)

\_\_\_\_\_  
Signature of Candidate

Candidate's Birthdate: day \_\_\_\_\_ month (spell word) \_\_\_\_\_ year \_\_\_\_\_