



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 AND FOR RELEASE OF MEDICAL INFORMATION

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.

We hereby also 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.

PERMISSION TO PARTICIPATE IN THE KALEIDOSCOPE RESEARCH PROJECT

AFS is working with an independent research group to conduct a worldwide study named the Kaleidoscope Project. The aim of this project is to improve understanding of the impact of intercultural exchange programs. Participants will be invited by email from the research group to participate in a number of online questionnaires. At the end of the project, each participant will receive personalized feedback on their results. In the rare event of an early termination of the program, AFS will be contacted by the research group and asked to indicate one or more of seven broad reasons for the participant's early termination of the program, (e.g. "Participant has broken AFS rules"). Information provided by participants will be anonymously aggregated into the results and participant email addresses and other personally identifiable information will only be kept as long as necessary for purposes of conducting the study. We understand that if we do not want our son/daughter to be invited to take part in this study, we may indicate this with our initials below and our child's contact information will not be shared with the independent group conducting the study and they will not be invited to participate. We understand that if we do not initial below, our child will be invited to participate in this survey. More information on the study may be found at: <http://www.kaleidoproject.org/>

Initial here if you DO NOT give permission for AFS to invite your child to participate in the worldwide research study.

AGREED AND ACCEPTED BY

(Signature of Natural Parent)

(Signature of Natural Parent)

Signature of Candidate

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