

# ROTARY YOUTH EXCHANGE SKI TRIP – 2014

## APPLICATION AND DISCLAIMER FORM

### FORM 2 OF 3

The annual Ski Trip will be going to \_\_\_\_\_, Colorado December 10-14, 2015. The cost breakdowns can be found on the Trip Data and Order Form (Form 1 of 3)

COMPLETE THE FOLLOWING INFORMATION (type or print, please)

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOST CLUB \_\_\_\_\_

COUNSELOR \_\_\_\_\_ PHONE \_\_\_\_\_

IT IS UNDERSTOOD AND AGREED TO by the parents of the above named student and by the student that no Rotary Club, District, or Organization of the District Youth Exchange Committee and its members will be held responsible for injury through mishap to any student participating in this Rotary Exchange Ski Trip. Each student must at all time have in his possession his insurance card. Moreover, Rotary Club, District, or Organization of the District Youth Exchange Committee are hereby expressly released from any and all liability, for any damage, death, injury, or property loss which the student might suffer while taking part in said ski trip, both as to any right of action that might accrue to the student or parents of the student, their heirs, executors, administrator, or assigns. The undersigned parents further agree to indemnify and save harmless Rotary Clubs, Districts, and Organizations and the District Youth Exchange Committee from any and all claims and cost, and including, but not limited to counsel fees and counsel costs that might arise from any injury, death, or damage to any student while on said ski trip. This paragraph is to be construed under the laws of the State of Oklahoma. We, the undersigned parents of the above named student, give permission for emergency operation, administration of anesthetic, or blood transfusion for urgent treatment of any illness or injury which a qualified medical practitioner may deem necessary for his/her welfare. We specifically assign the Chairman of the District Youth Exchange Program, elected President of the Hosting Rotary Club, and Director of planned Rotary Youth Exchange activities organized or operated by any Rotary Club, District, or combination of clubs and/or districts, the legal right to sign all medical emergency release documents both for doctors and for hospitals on behalf of our child/ward.

REQUIRED FAMILY SIGNATURES (FAX Signatures will be accepted):

STUDENT \_\_\_\_\_

NATURAL FATHER \_\_\_\_\_

NATURAL MOTHER \_\_\_\_\_

REQUIRED HOST SIGNATURES:

PARENT \_\_\_\_\_ CLUB OFFICIAL \_\_\_\_\_

(If not an exchange student, disregard host signatures.) DATE \_\_\_\_\_

This application with all signatures (FAX signatures will be accepted) and the full fee must be received before participation in the ski trip will be allowed.