



**MISSOURI 4-H CENTER FOR YOUTH DEVELOPMENT
STATES' 4-H INTERNATIONAL EXCHANGE PROGRAMS
TRAVEL RELEASE FORM – Japanese Delegates**
(To be completed by parent)

Participant's Name: _____ Date of Birth: _____
参加者名 生年月日

Name of Japanese Organization: _____ State: _____
交流団体記入欄 州 (米国人用)

To be read to, signed and dated by the exchange student and both parents or legal guardians:

We accept full responsibility for our child's participation in any travel within the program guidelines and agree to indemnify and hold harmless the IPC, state 4-H officers and staff including state coordinators, WorldWide Exchange Services, Carlson Wagonlit Travel and the host family current and past.

It is understood that this Travel Release/Authorization is signed in advance and eliminates the necessity of obtaining our signatures at the time of any travel for the duration of our child's participation in the States' 4-H International Exchange Programs.

Signature of Parent of Guardian: _____ Date _____
保護者署名 (参加者が18才以下の場合) 年月日

In case of emergency notify: Name: _____ Telephone: _____
緊急連絡先: 氏名 電話番号