

# Authorization for WESSEX Tours in the USA



As the natural parent/s of .....  
(Print student's full name)

from ..... born on ..... / ..... / .....  
(country) MONTH DAY YEAR

I/we hereby grant permission for him/her to participate in the trip available to ROTARY students :

- Hawaii Expedition - Mar. 18-25, 2017**
- New York City/Philadelphia/Washington, DC Trip - Apr. 8-15, 2017**       **New York City Only Trip - Apr. 8-11, 2017**

Rotary District number (home country): ..... Rotary District number (in the USA): .....

- I/We have been advised of the trip cost (Hawaii: \$1240, NY/Philly/DC: \$1410, NYC: \$1000), and have no objection to my/our son/daughter paying this amount.
- I/We understand that my/our child's host family (International Students) knows of and approves of this trip.
- I/We agree not to hold BELO USA, or any representative thereof, responsible for any injury, accident, or loss suffered by my/our son/daughter during this trip.
- I/We understand that this trip is a BELO USA-sanctioned group activity, and as such will be subject to BELO USA rules, including those regarding inappropriate behavior, alcohol, and drugs. There will be curfews, and students must be in their assigned rooms at that time. Inappropriate behavior of students includes destruction of property, injuries to others, unacceptable noise levels, sexual behavior, consumption of illegal substances, and noncompliance with trip rules and local laws.
- I/We understand that if my/our son/daughter does not obey the BELO USA policies or trip guidelines, he/she may be returned to his/her host (International Student)/natural (US student) family at his/her own personal expense.
- I/We understand that a violation of Rotary's rules before the trip begins may cause the Rotary Chairperson to cancel my/our child's place on the trip. In this case, no refund will be given. I/ We are aware that though we have given permission for this trip, the ROTARY Chairperson has the authority to deny my/our child's participation in this activity.
- I/We understand and agree that neither any Rotary Club or Rotary Organization, nor the Tour Committee will be responsible for injury through mishap to any student or staff member accompanying the tour.
- I/We understand and confirm that my son/daughter has her/his own health & Accident Insurance. Moreover, any Rotary Club, Rotary Organization and Belo USA Travel are expressly released from any and all liability for any damage, death or injury which the student might suffer while taking part in the tour, both as to any right of action that might occur to my son/daughter or the student's relatives, executors or assign.
- I/We understand and agree to indemnify and save harmless any Rotary Club, Rotary Organization and Belo USA Travel from any and all claims of costs, including, but not limited to counsel fees and counsel costs that may arise any injury, death, damage to any student while on the tour.

.....  
Print name

.....  
Signature of Natural Parent(s) or Legal Guardian(s) and Date

**Medical Release:** In the event my/our son/daughter needs any medical treatment in the case of emergency, accident, or illness while on this ROTARY trip, the Trip Coordinator or Chaperone has my/our permission to act for me/us as his/her parent/s.

.....  
Signature of Natural Parent(s) or Legal Guardian(s) and Date

Home Tel.: ..... Work Tel.: ..... Cell Tel.: .....

Email: .....

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1. This document has to be signed by your parents from your original country.
2. This document has to be sent by fax + 1 312 376 3690 or email to Belo USA Travel Inc. - exchange@belousa.com