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To fill this form in you need to have **ADOBE ACROBAT 9 or HIGHER**
If you fill this form in without **ADOBE ACROBAT 9 or HIGHER**, the data you enter may not be able to be viewed
on other computers and when the form is printed.
PLEASE UPDATE NOW

Child Travelling with Leader Legal Form

(Appointment of Temporary Guardian for Travel and Medical Care, Release and Consents)

This form is for **child participants in Village, Interchange, Step Up and Youth Meetings for ages 15 and under**. It is to be completed by a parent or legal guardian who is entitled to make these decisions for the participant.

Child participants (aged under 16 years of age) may not travel alone; they are accompanied by an adult leader.

The original of this form signed by the child's parent/guardian plus one copy must be given to the leader, who must carry them to the programme. A scanned copy of the signed form should also be left with the participant's home CISV Chapter. We have developed several resources to assist our National Associations, Chapters, and Volunteers in ensuring good Data Protection everywhere. You can find these resources on [our website](#).

Note. In this form, unless otherwise specified, "CISV" includes CISV International, all National and Promotional Associations, and Chapters, organizations affiliated to CISV International, together with all leaders, staff, volunteers, employees, agents, members. **Signing this form is a condition of participation in the CISV Programme noted below.**

| | | | |
|--|--|---|--|
| Full name of participant | | | |
| First name | | Middle name | |
| | | Surname | |
| Participant's date of birth (day / month / year) | | | |
| The participant is participating as a member of the following National Association and Chapter: | | | |
| Sending National Association | | Sending Chapter | |
| The participant will be taking part in the following CISV international programme with the leader named below | | | |
| CISV programme (e.g. V-2018-011) | | Host National Association (Country) | |
| Dates of the programme: | | | |
| From (day/month/year) | | To (day/month/year) | |
| Full name of adult leader | | Leader's date of birth (day / month / year) | |
| Full name of participant's parent or legal guardian | | | |
| Emergency contact information that CISV can use during the programme | | | |
| Name | | | |
| Relationship to the participant | | | |
| Town / city | | Country | |

| | country code | area code | number |
|--|-----------------------|-----------|--------|
| Telephone | | | |
| Mobile phone | | | |
| Email | | | |
| Alternate emergency contact and phone number | Name | | |
| | Number | | |
| | Relation to the child | | |

Part 1: Authorization for Participant to Travel to and from the Programme with an Adult Leader

I give permission for my child named above to travel to and from the CISV programme with the adult leader named above.

Part 2: Appointment of Adult Leader and others as Temporary Guardian of Participant

I appoint the adult leader named above as a temporary guardian of my child named above. The purpose of this appointment is to consent to medical treatment on behalf of my child and provide prescribed medication. If the adult leader is not available, and prompt medical attention is needed, I also appoint CISV personnel (programme staff or host family) from the host country named above to consent to medical treatment on behalf of my child. This appointment is valid for the period of the programme (as above) and travel to and from the programme.

Part 3: Health Form

I understand that I/my child must provide a properly completed CISV Health Form in order for my child to attend the CISV programme named above. I understand that I/my child must fully disclose any information on the physical and emotional/psychological health or developmental conditions of my child as this information is essential to CISV's ability to care for and protect my child. Please see the Health Form for further details.

Part 4: Travel-Medical Insurance

I understand that in order to participate in this CISV programme, my child will be covered by CISV Travel Insurance, which includes medical coverage. (Information on the insurance is available on www.cisv.org). I accept financial responsibility for necessary medical expenses of my child that are not covered by this insurance.

Part 5: Legal Release & Responsibility to Pay for Damage

(See Note of Explanation at the end of this form)

I understand the nature of the CISV programme noted above (information about our programmes is available on [our website www.cisv.org/programmes](http://www.cisv.org/programmes)) and I consider my child to be capable of taking part in it.

I agree not to make a claim or file a lawsuit against CISV if my child is injured while travelling to / from and participating in the above programme, unless there has been gross negligence on the part of CISV.

I agree to pay for any damage or injury caused by my child.

I understand that if I arrange for or allow my child to travel before or after the CISV programme, (other than travel to and from the CISV programme) this additional travel is not part of the CISV programme and the travel and all arrangements are entirely my own responsibility.

Part 6: Conduct Agreement

I understand that CISV participants are expected to conduct themselves in accordance with local laws and CISV rules.

I confirm that:

- I have gone through CISV International's Positive Behaviour Policy and Child Safeguarding Policy and Procedures, including the Adult Code of Behaviour and rules on Communicating with and about Children and I confirm that I understand them.
- I agree that my child will follow reasonable directions and instructions from CISV staff and leaders.
- My child and I agree to behave appropriately and courteously to all volunteers, staff, children and any other party or parties I come into contact with through CISV
- I have reminded my child that they must make an immediate report to a CISV member of staff if my child believes that a child has been or is at risk of harm as detailed in our Child Safeguarding Policy.
- Whilst CISV will encourage children to be responsible in how they communicate online I accept that it is my responsibility as a parent to enable safe online communications and to monitor my child's activities online.

If my child engages in behaviour that, in the reasonable belief of CISV, is deemed to be inappropriate, I understand that my child may be sent home before the end of the programme at CISV's discretion. I will cover the costs of this trip.

We have gone through CISV's Positive Behaviour Policy (including the Adult Code of Behaviour) and Child Safeguarding Policy and Procedures. This includes the rules on communicating with and about children which now set clearer rules and limits on the communications between adults in CISV and children both in person and online. We confirm we understand them, will follow them and will report any breach of these rules to someone in a position of trust and responsibility in my CISV Chapter or National Association.

Part 7: Use of Data

For information about how CISV uses the personal data you provide in this form, please read our Privacy Policy.

I agree to the terms of the [Privacy Policy found on the cisv.org website](#) . Further information can be found in the Privacy Policy and in the privacy and myCISV sections of <http://www.cisv.org/terms-and-conditions/>. Please also see the Note of Explanation at the end of this form for further details of personal data use.

Part 8: Use of the myCISV website

I give permission for my child to register on the myCISV website. myCISV is designed to assist CISV with its administration of the CISV programme and to help CISV participants to stay in touch with each other after the CISV programme. Further information can be found in the privacy and myCISV sections of <http://www.cisv.org/terms-and-conditions/>.

Part 9: Permission to Use of Images and Art or Written Work

I agree that CISV may use and publish photographs, artwork, and written work as well as video and audiotape created as part of participation in the CISV programme, which may include my child. CISV may use these items in the production of educational or promotional materials including web pages and social media pages (e.g. blogs, Instagram, Facebook). These items may be used and published with a child's first name (or nickname) and nationality. Unless specific parental consent is obtained, a child will not be identified in any other way.

Part 10: Research on CISV programmes

In addition to its educational programmes, CISV works to promote research in the field of intercultural education and relations. Research may be conducted both in our programmes and in cooperation with other organizations, such as universities. Any such research project will go through an approval process within CISV International. The results of the research will not be made available in a form which identifies my child. Further information on research can be found on www.cisv.org.

Part 11: Signatures

I have signed this legal document on the date stated immediately below to indicate that I understand, accept and agree to all parts of the above. I also confirm that I have the appropriate legal right and responsibility to make these decisions on behalf of the participant.

| | | |
|--|--|--|
| Signature of parent or legal guardian | | |
| | | day / month / year of signature |

Witness

Before you sign this document, you should have somebody there who can act as a witness. Please ask them to sign below to say that they saw you sign this form. As CISV operates in many different countries and some require that signatures be witnessed, CISV asks that this practice is followed in all cases. The witness must be aged 18 or over. It is recommended (but not necessary) that the witness be a member of your CISV Chapter.

| | | |
|---------------------------------|--|--|
| Signature of witness | | |
| | | day / month / year of signature |
| Printed name of witness | | |
| Date of birth of witness | | |

Notary (This space is for the official Seal and/or Signature of a Notary or witness if legally required by either the participant's or host's National Association.)

NOTE OF EXPLANATION

For decades CISV has worked to increase cross-cultural understanding among the children and youth of the world. Thousands of young people have been transformed by personal experience through CISV's multi-cultural educational programmes. Since the first Village in 1951, CISV volunteers have worked to provide healthy and secure opportunities for our participants to learn about the world and themselves. We are proud of our results and work hard to earn the trust of parents who allow their child to participate in CISV.

The health and safety of all CISV participants is of the greatest importance to the world-wide network of volunteers that make the CISV programmes possible. However, in recent years, the cost of property and liability insurance has increased steadily despite our focus on effective risk management.

In order to ensure the continued operation of its programmes, CISV International requires a liability release as a condition of participation. For this reason, in order to participate as a CISV delegate, a parent or legal guardian of all youth participants under the age of 18, must sign a Legal Release & Responsibility to Pay for Damage (contained in section 5 of this form). All participants age 16 or older, including all leaders and staff, must also sign the form. Please note that this form is used globally. Nothing in this form excludes or limits any liability which cannot be excluded by applicable law.

Although CISV will work to maintain liability insurance for the benefit of non-participants, including schools and other institutions that provide facilities for our programmes, we believe that this release, together with our on-going risk management efforts, will limit the impact of rising insurance premiums on our ability to offer CISV programmes in countries around the world.

Our risk management efforts include the CISV International Travel Insurance for all those participating in our international programmes.

Personal Data Use

As noted in section 6 of this form CISV will keep a record of participants' names and contact details, will use this information for internal administration of participation and to maintain an historical record of participation (for contract, legal obligation and legitimate interests purposes). For example, we will keep a copy of the programme address list that is provided to all participants at the end of the programme, which may also contain participants' birthdates. CISV may retain a copy of this form, but will only retain a copy of the Health Form after the programme in exceptional circumstances such as an incident, complaint or claim. Where participants have given consent, CISV International or its affiliate the Alumni Association may also contact them in the future with information about the organization. You/your child have a right to object to processing of personal data for legitimate interests or research purposes, and to withdraw any consent given. To exercise these rights, please contact us. Please visit our website at www.cisv.org to see the full Privacy Policy and contact details.

If you have any questions about this form, please discuss them with a CISV representative before signing. You can find information with regard to CISV's rules and Child Safeguarding Policy on our website. It is recommended that you and your child review CISV's Positive Behaviour Policy on www.cisv.org.