



**SAIIE**

*"Your Life Experience; Your Education"*

## **SAIIE Consent and Release Form**

Parent/Guardian Full Name: \_\_\_\_\_

Student's Full Name: \_\_\_\_\_

Student's Date of Birth (Month/Day/Year): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Term Abroad: \_\_\_\_\_

I, the undersigned, do hereby indicate my desire of my child to participate in the SAIIE study abroad program.

I have advised SAIIE (Spanish-American Institute of International Education) of my child's medical history. The doctors have assured me that my child's medical history presents no impediment to him/her taking part in this study abroad program that also involves sports activity. I agree and understand that if my child becomes ill, injured, or infirm either as a result of his/her medical history or as a result of any other reason once in the program has started, I will not be eligible for any refund. I hereby release and hold SAIIE not responsible for any and all damages and for costs that may result from any illness, injury, or infirmity which my child may suffer may suffer.

I agree and understand that SAIIE will not assume any liability for damage or loss of property or for any financial or other obligation incurred by my child either in Spain, in the United States or elsewhere.

I agree and understand that my child shall be subject to the supervision and authority of the SAIIE, its agents, officers, and employees, and they and each of them shall have the prerogative and the decision respecting the withdrawal of any student, including my child, whose conduct may warrant such action. I acknowledge and agree that if my child is required to withdraw from the SAIIE program for failure to maintain standards of behavior, I will receive no refund of fees. Your child will no longer have access to any of the program facilities, and I will accept responsibility for transportation costs of my child back home.

I agree and understand that SAIIE has the right to make changes to the programme at any time. The timetable for certain events and activities may change in the event of circumstances outside of our control e.g poor weather or other factors beyond our control.

I understand that SAIIE, its agents, officers, and employees (a) cannot guarantee or assure the safety of participants or eliminate all risks from the experience abroad environments; (b) cannot monitor or control all of the daily personal decisions, choices, and activities of individual participants; (c) cannot assure that U.S. standards of due process apply in overseas legal proceeding or provide or pay for legal representation for participants; (d) cannot assume responsibility for the actions of persons not employed or otherwise engaged by the SAIIE for events that are not part of the program or that are beyond the control of the sponsor, or for situations that may arise due to the failure of a participant to disclose pertinent information; and (e) cannot assure that home-country cultural values and norms will apply in the host country.



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Further, I hereby agree to release, discharge, save, and hold harmless, indemnify and defend SAIIE, its officers, employees and agents, and each of them from any and all past, present, or future claims, demands, and/or causes of action, which may now or in the future be asserted against any of the aforesaid by me (the undersigned), or by any third party or parties by reason of any accidents, injuries or actions by me while in transit to or returning from or while participating in the study-abroad program.

**Please note:** All participating students on our programs, as well as their parents or legal guardians must read, understand and accept the **SAIIE Consent and Release Form**.

**By signing this document, I acknowledge I have read and agree with all the policies listed above.**

\_\_\_\_\_  
Signature of Participant Student

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Date