

WESTERN SAFARI TOUR NATURAL PARENT(S) APPROVAL

As the natural parent/s of _____
Print Student's Full Name

- I/We have been advised of the trip cost, and have no objection to my child paying this amount
- I/We understand that my/our child's host family knows of and approves of this trip
- I/We understand that if my/our child does not obey the Western Safari policies or trip guidelines, they may be returned to their host family at their own personal expense. If a student's violation of a rule is serious enough, they may be considered for an early return to their home country.
- I/We understand that a violation of exchange'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 understand that this trip is a Rotary D5130 and WESSEX sanctioned group activity, and as such, subject to D5130 rules, including those regarding inappropriate behavior, alcohol, and drugs. Inappropriate behavior of students including 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 and confirm that my child has their own health & accident insurance. That a copy of the page from the long term exchange application giving permission for medical care and release of medical records and liability and the Declaration section is a requirement for acceptance for the Western Safari Tour.
- **Medical Release:** In the event my/our child needs any medical treatment in the case of emergency, accident, or illness while on this ROTARY trip, the Trip Coordinator or Chaperon has my/our permission to act for me/us as their parent/s.

Print Name of Natural Parent(s) or Legal Guardians	Signature	Date
--	-----------	------

Print Name of Natural Parent(s) or Legal Guardians	Signature	Date
--	-----------	------

Telephone Number _____

Email: _____

Email completed form to: info@westernsafari.com