

Parent/Guardian & Student
Consent and Release
Agreement

HIGHER



Note: This is a legally binding Agreement. Do not sign this Agreement until you have read it carefully and understand its contents. This Agreement may affect, reduce or eliminate your legal rights in certain circumstances. This Agreement must be signed by you and, if you are under 18 years of age, by both of your parent(s) or legal guardian(s). Each party must initial each page.

I, (the "Participant") hereby request permission to participate in the training programs and the Clinica Verde service program (which are collectively referred to as "HIGHER Program") including travel to and from Clinica Verde HIGHER Program locations via transportation arranged by Clinica Verde. Upon beginning training or acceptance of my application by Clinica Verde, whichever occurs first, I agree as follows:

1. I will secure all inoculations against infectious diseases as determined by Clinica Verde as necessary or appropriate and will provide evidence of current effective inoculations required by Clinica Verde prior to my service date.
2. I will secure a passport and/or any visas necessary for foreign travel to the HIGHER Program prior to my service date and will comply with all passport and visa requirements set by Clinica Verde.
3. I agree to fully comply with all rules and regulations established by Clinica Verde for the conduct of Participants in the HIGHER Program, including, without limitation, the Clinica Verde Code of Personal Conduct and Community Behavior (the "Code"). I confirm that I have read the Code and understand them in their entirety.
4. If any authorized representative of Clinica Verde determines in his or her sole discretion that my conduct at any time fails to comply with the Code or discredits the status or reputation of Clinica Verde, I will withdraw from the HIGHER Program and, if I am already engaged in my foreign service, I will return to my home residence when directed to do so by Clinica Verde.
5. I understand that Clinica Verde may deny or terminate my participation in the HIGHER Program if any authorized representative of Clinica Verde believes that my actions, behavior, physical and/or mental health,

either in the past or during participation in the Service Program, may jeopardize me, the HIGHER Program or any of the participants therein or otherwise create any undue burden on the Clinica Verde staff or other participants.

6. I will fully disclose to Clinica Verde all facts relating to my physical and mental health history. If there is any change in my current physical or mental health condition prior to my departure for HIGHER Program locations, I will immediately inform Clinica Verde in writing of all facts. I understand that failure to submit accurate and complete information about my physical and mental health history, my current condition may result in my dismissal from the HIGHER Program. In case of illness or injury, I grant permission to Clínica Verde and/or its assignees, to hospitalize, treat, and order injections, anesthesia or surgery for me or my participant son or daughter as may be appropriate. I further authorize Clínica Verde to administer non-prescription medicine in the event of minor injuries and/or ailments to me or my participant son or daughter as may be appropriate. I understand and agree to pay all costs associated with medical care and transportation not covered by the international medical insurance provided by Clínica Verde, including the cost of any evacuation, treatment, or medications.

7. I agree that my participation in the HIGHER Program will be limited to the period commencing on the date I execute this Agreement and ending on the date my participation in the HIGHER Program terminates with or without notice from Clinica Verde (the "Termination Date"). The Termination Date will be the earlier of (i) the date on which I am dismissed from the HIGHER Program, or (ii) the date on which I return to my country of origin, traveling with the return ticket or other transportation arranged by Clinica Verde. I understand that I will be deemed dismissed from the HIGHER Program (i) if I am asked or required by Code, or (ii) if I alter the travel schedule arranged for me by Clinica Verde, or (iii) for any other reasons determined by Clinica Verde in good faith.

I further agree to pay any additional travel costs and other expenses incurred by Clinica Verde if I return to my country of origin on a date other than that originally scheduled.

PERSONAL PROPERTY LOSS: I agree that Clínica Verde will not be held responsible for the loss, theft, or damage of personal property or equipment. Clínica Verde strongly advises participants not to bring expensive cameras, electronic equipment, jewelry, sunglasses, etc. Personal insurance should be purchased to protect any valuable personal property

Initials _____

TUITION REFUNDS AND TRIP CANCELLATION: The tuition includes: lodging, food, all transportation (including airfare), all excursions, and international medical insurance. The tuition does not include: passport and visa fees (non U.S. citizens must secure any necessary visas), baggage fees, airport departure taxes, excursions and activities not included on the itinerary, meals in airports or on travel days beginning or ending a trip, evacuation insurance, or program interruption protection. Clínica Verde’s refund policy is based on the fact that most program costs are determined on a per-group, instead of a per-person, basis. In addition, last minute cancellations often prevent other participants on the waiting list from participating. I understand that Clínica Verde is not required to provide, and I am not entitled to, a tuition refund for late arrival, dismissal with cause, cancellation or early withdrawal for personal reasons or medical emergencies. Additionally, Clínica Verde is not required to provide tuition refunds if participants fail to acquire passports, visas, or immunizations prior to a trip. Any refunds will be made at the sole discretion of Clínica Verde. Clínica Verde recommends purchase of Program Cancellation and Interruption Plan, a tuition protection plan for medical conditions or family emergencies only. Additional trip cancellation insurance may be purchase through an outside trip cancellation insurance carrier. I understand that Clínica Verde reserves the right to cancel a program that does not enroll to a minimum level and/or in cases where travel to a destination has been deemed unsafe. In such an occurrence, any paid tuition (not including the deposit) will be refunded. Clínica Verde is not responsible for other costs and incidental expenses incurred by a participant preparing for a trip that has been cancelled.

PHOTO/ STATEMENT RELEASE: I give permission to Clínica Verde to use any photographs, videos, and writing of the participant and/or parent in Clínica Verde promotional and/or educational publications and media. I agree to let Clínica Verde list participants and parents, unless otherwise stated in writing, as a “Reference” in future Clínica Verde promotional materials.

ASSUMPTION OF RISK, RELEASE, AND INDEMNIFICATION AGREEMENT: In consideration of the acceptance by Clinica Verde of my or my participant’s son or daughter in the HIGHER Program I hereby:

a. Acknowledge, fully understand and agree that (i) participation in the HIGHER Program will involve activities in a foreign country that will likely occur in remote, underdeveloped and/or politically sensitive areas; (ii) during the course of participation in the HIGHER Program, there are risks of disease and/or injury and/or risks to personal safety and welfare; and (iii) if it becomes necessary for me or my participant’s son or daughter to receive medical services while participating in the HIGHER Program, such medical services may not be immediately available and, where available, may not be provided at a level equivalent to medical services in my

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country of origin. I FULLY ASSUME ALL RISKS ASSOCIATED WITH MY OR MY PARTICIPANT'S SON OR DAUGHTER'S PARTICIPATION IN THE HIGHER PROGRAM.

b. Acknowledge and agree that by signing this Agreement, I am releasing Clinica Verde, their respective staff, officers, trustees, directors, employees, agents, contractors, physicians, host country sponsors and other participants in the HIGHER Program (hereinafter individually and collectively referred to as "Released Party") from liability for any act, omission or negligence in connection with or in any way related to my participation in the HIGHER Program, unless the same results from any willful misconduct or gross negligence on the part of such Released Party;

c. WAIVE, RELEASE, DISCHARGE, HOLD HARMLESS, AND PROMISE TO INDEMNIFY AND NOT TO SUE any Released Party for or in connection with any and all loss, claims, damages, liabilities, costs (including, without limitation, attorneys fees and associated expenses), or actions (INCLUDING, WITHOUT LIMITATION, ANY LOSS, CLAIMS, DAMAGES, LIABILITIES, COSTS OR ACTIONS ATTRIBUTABLE TO THE NEGLIGENCE OF ANY RELEASED PARTY, UNLESS THE SAME RESULTS FROM ANY WILLFUL MISCONDUCT OR GROSS NEGLIGENCE ON THE PART OF SUCH RELEASED PARTY) in any way arising out of, connected with, or attributable to my participation in the HIGHER Program (including, without limitation, any inoculations, general medical treatment, or emergency medical treatment, including surgery, rendered to me in event of need).

_____	_____	_____
Participant's Name (printed)	Participant's Signature	Date

_____	_____	_____
Parent's Name (printed)	Parent's Signature	Date

_____	_____	_____
Parent's Name (printed)	Parent's Signature	Date

OR _____

Legal Guardian's Name (printed)	Legal Guardian's Signature	Date
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Note: If the participant is under 18 years of age, all custodial parents or legal guardians must sign this release.

