



This form is for all participants in the CISV IJB Event, regardless of role. This form is not for use for other official CISV International programmes.

The participant must carry the signed original of this form to the CISV IJB Event. A copy, preferably digital, must stay with the participant's home CISV Chapter.

"CISV" includes CISV International and its Chapters, together with all, staff, volunteers, employees, and members.

CISV IJB Event (e.g. ABC Workshop)		Host Chapter & NA	
Event Start Date & Time		Event End Date & Time	
IJB Event Number (e.g. J-2017-001)			

Participant Name & Surname		Birthdate (dd/mm/yyyy)		Sex	
E-mail Address			Registered on MyCISV?		
Are you a current member of CISV?		Chapter & National Association			
If not, have you attended other CISV events this year?					

Legal Guardian / Parent of Participant (if under 18) Full Name					
Number & Street					
City & Province		Postal Code			
Home Telephone					
Cell Number 1		Cell Number 2			
E-mail Address/es					

Emergency Contact during the event:					
Name					
Home Telephone					
Cell Number 1		Cell Number 2			

Part 1: Authorization – check one

On the first day of travel to the Event (maximum two days prior to Event start) the participant is:

A)	<input type="checkbox"/>	Under the age of 18 and travelling with a designated Adult
Parent gives permission to travel to and from the CISV IJB Event with a designated Adult, as prescribed by National law if applicable.		
B)	<input type="checkbox"/>	Under the age of 18 and travelling without a designated Adult
Parent gives permission for the participant to travel alone to and from the CISV IJB Event.		
C)	<input type="checkbox"/>	18 years of age or older

Part 2: Appointment of Temporary Guardian and Health & Consent for Medical Treatment

I authorize CISV personnel from the Host Country named above as Temporary Guardian for the purpose of providing consent for medical treatment on behalf of the Participant if emergency care is required. The purpose of this appointment is to consent to medical treatment on behalf of my child and provide prescribed medication. This appointment is valid for the period of the event (as above).

Part 3: Legal Release & Responsibility to Pay for Damage

I understand the nature of the CISV International Junior Branch Event noted above and consider myself/my child to be capable of taking part in it. I agree not to make a claim or file a lawsuit against CISV if I/my child is injured while participating in this CISV IJB Event, *unless there has been gross negligence on the part of CISV.*

I/my child and I understand CISV participants are expected to conduct themselves in accordance with local laws and CISV rules, including the rules of the host chapter. If I/my child engage/s in inappropriate behaviour I/she/he may be required to leave the Event setting before the end of the Event, at CISV's discretion. I agree to leave/collect my child from the Event or to have my child sent home, at CISV's discretion, by method deemed appropriate by CISV, and to cover costs associated with such trip.

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

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

Part 4: Health and Medical Insurance information

If the IJB Event is **more than seven nights** in length, I understand I must provide a properly completed [CISV International Health Form](#) (HF completed by the family, with no Doctor's input required), in addition to the below:

Primary Medical Insurance Carrier & Number	
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Travel/Medical Insurance is available through CISV International, but only upon request.

Health Information (Medications required / Allergies / Other info)

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Dietary Information (Vegetarian? Celiac? Please include allergies or strict limitations only, not *preferences*)

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Information others should be aware of (religious needs, behavioural needs):

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Part 5: Use of Data

I agree that CISV will keep a record of my/my child's name and contact details, will use this information for internal administration of participation and to maintain an historical record of participation. I agree that CISV may contact me/my child in the future with information about the organization. (Please see the Note of Explanation at the end of this form for further details of personal data use.)

Part 6: Permission to Use of Images, Video, or Written Work

I agree that CISV may use and publish photographs, video, or written work created as part of participation in the CISV IJB Event for use in the production of educational or promotional materials including web pages and social media pages (blogs, Facebook, etc). These items may be used and published with a child’s age and nationality. Unless additional consent is obtained, participants will not be identified by name. NOTE: **CISV cannot control uploads by participants to sites such as YouTube, Instagram, Facebook, & Twitter.**

Part 7: 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 8: Signatures

As proof of:

- permitting my child to travel with a designated Adult (Part 1-A), or, alone (Part 1-B), if applicable
- appointing a Temporary Guardian as noted in Part 2 above;
- accepting my obligations and the release and conditions / terms noted in Part 3 above;
- all other permissions noted in Parts 4 through 7 above

I have signed this legal document on the date stated immediately below.

Signature of Parent or Legal Guardian if Participant is under 18, or Participant		
		Day / Month / Year

Part 9: Conduct Agreement for all International Junior Branch Events’ participants.

I, _____ have read and understand each of the following statements:

- I have read, understand, and agree to respect and abide by CISV International’s Info File R-07 (Behaviour Policy) standards, guidelines, and recommendations.
- I understand that non-prescription drugs, weapons, violent or crude behaviour or language, alcohol abuse, smoking (if under 18), and sexual activity are strictly prohibited at CISV activities (as stated in Info File R-07).
- I will show respect towards the site, its employees and CISV members.
- If I wish to leave the site for any reason, I understand that I must go with and/or get the permission of a Staff member. I understand they must know where I am at all times.

Signature of Participant		
		Day / Month / Year

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, 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 3 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.

Personal Data Use

As noted in section 5 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 address list that is sometimes provided to all participants at the end of the event, 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 event 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 Protection Policy on our website. It is recommended that you and your child review CISV's Behaviour Policy on www.cisv.org.