



MISSOURI 4-H CENTER FOR YOUTH DEVELOPMENT STATES' 4-H INTERNATIONAL EXCHANGE PROGRAMS OUTBOUND TRAVEL PERMISSION FORM

(To be completed participant's parents)

Participant's Name: _____ Date of Birth: _____
Month/Day/Year

Outbound Program: _____
Country of Destination

I (we), _____
Please print your name(s)

hereby grant permission for my child to travel to _____
Print Country of Destination

to attend and participate in the States' 4-H International Exchange Program. I hereby confirm that I fully understand that during the travel dates, my child will be under the supervision of a Program Chaperone.

I (we) accept full responsibility for my child's participation within the program guidelines and agree to indemnify and hold harmless the States' 4-H International Exchange Program staff and volunteers including members of the board, state 4-H coordinators and agents, WorldWide Exchange Services, Carlson Wagonlit Travel, the International Partner and the host family current and past. Furthermore, I (we) understand that program fees and airfare must be paid in full by the established deadlines in order for my child to participate in the exchange.

Signature of Parent or Guardian _____ Date: _____

Signature of Parent or Guardian _____ Date: _____