

DIRECTIONS

- Parent(s) or legal guardian(s) please read this form carefully
- In the presence of a notary public, please complete and sign this release
- Return the Notarized release to Edu-Ventures as soon as possible. This form **MUST** be completed in full order to travel

SECTION 1 - MEDICAL RELEASE

I/We, the undersigned, certify that we are the parent(s) or legal guardian(s) of the minor child (age 21 and under) listed below. I/We authorize and consent to all medical care and treatment provided to said child as may be deemed advisable or necessary by licensed physicians and surgeons, and in cases of life-threatening or emergency situations, we also authorize trained emergency medical technicians to attend to our child. It is our intention to grant authority to the physicians, surgeons, and the responding emergency medical personnel, to administer and perform such examinations, treatments, operations, diagnostic procedures, and anesthetics, as may be deemed advisable or necessary by the aforementioned medical personnel. We also agree that if our child is admitted to a hospital, he/she shall remain in the hospital until such time as the attending physician recommends discharge. Further, we authorize the Edu-Ventures Group Leader to provide or administer to our child any non-prescription medications such as aspirin, Dramamine, etc., as the Group Leader deems necessary. This authorization for medical treatment shall be valid for a period of twelve (12) months from the date signed below.

SECTION 2 - TRAVEL RELEASE

I/We, the undersigned, are the parent(s) or legal guardian (s) of the minor child listed below. I/we hereby give permission for the minor child listed below to leave the United States/Canada and travel to destinations around the world on educational travel study programs organized by Edu-Ventures. The purpose of the travel is both educational and recreational, and visits major tourist centers and cultural sites with an emphasis on learning. This program is operated by Edu-Ventures in cooperation with the below-listed Group Leader and school. We believe our child to be in good mental and physical health, and fit for travel. This release shall be in effect for the duration of the below-named and Edu-Ventures program.

SECTION 3 - NOTARIZED AUTHORIZATION FOR MEDICAL RELEASE AND TRAVEL RELEASE

Each of the undersigned acknowledges that he or she has carefully read and fully understands this authorization for medical treatment and for travel permission, and has voluntarily signed it for the purposes described herein, as evidenced by the signatures below.

Destination :**Group Leader:**

FULL NAME OF MINOR CHILD _____

STATE OF _____ COUNTY OF _____ ON THIS THE _____ DAY OF _____ 20 _____ BEFORE ME _____

THE UNDERSIGNED NOTARY PUBLIC, PERSONALLY APPEARED _____

Parent/Legal Guardian signature

 personally known to me proved to me on the basis of satisfactory evidence

to be the person(s) whose name(s) _____ subscribed to within

instrument and acknowledged that _____ executed it.

WITNESS my hand and official seal.

Notary's signature*Emboss Notary Stamp Here***PLEASE RETURN THIS NOTARIZED RELEASE TO EDU-VENTURES AS SOON AS POSSIBLE**