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To fill this form in you need to have **ADOBE ACROBAT 9 or HIGHER** ([downloadable here](#))

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Adult Legal Form

(Appointment of Temporary Guardian for Medical Care, Release and Consents)

This form relates to **adult participants, staff and leaders in all programmes**. For ease, the term “participant” in this form refers to participants, staff and leaders.

This form is to be completed by the participant. They must carry the original signed form plus one copy to the programme. A scanned copy of the signed form should also be left with the participant’s home CISV Chapter. At the end of the programme, all copies taken to the programme should be returned to the participant.

Note. In this form, unless otherwise specified, “CISV” includes CISV International, all National and Promotional Associations, and Chapters, organizations affiliated to CISV International, together with all leaders, staff, volunteers, employees, agents, members. **Signing this form is a condition of participation in the CISV Programme noted below.**

Full name of participant			
First name		Middle name	
		Surname	
Participant’s date of birth (day / month / year)			
The participant is participating as a member of the following National Association and Chapter:			
Sending National Association		Sending Chapter	
The participant will be taking part in the following CISV international programme:			
CISV programme (e.g. V-2018-011)		Host National Association (country)	
Dates of the programme:			
From (day/month/year)		To (day/month/year)	
Emergency contact information that CISV can use during the programme			
Name			
Relationship to the participant			
Town / city		Country	
	country code	area code	number
Telephone			
Mobile phone			
Email			
Alternate emergency contact and phone number			

Part 1: Appointment of Temporary Guardian of Participant

In the event that I am unable to give instructions or consent for my own medical treatment, I appoint CISV personnel (Programme Staff or Host Family) from the Host Country named above as my Temporary Guardian. The purpose of this appointment is to consent to medical treatment on behalf of myself and provide prescribed medication. This appointment is valid for the period of the programme (as above).

Part 2: Health Form

I understand that I must provide a properly completed CISV Health Form in order for me to attend the CISV programme named above. I understand that I must fully disclose any information on my physical and emotional/psychological health or developmental conditions as this information is essential to CISV's ability to care for and protect me. Please see the Health Form for further details.

Part 3: Travel-Medical Insurance

I understand that in order to participate in this CISV programme, I will be covered by CISV Travel Insurance, which includes medical coverage. (Information on the insurance is available on www.cisv.org). I accept financial responsibility for necessary medical expenses that are not covered by this insurance.

Part 4: Legal Release & Responsibility to Pay for Damage

(See Note of Explanation at the end of this form)

I understand the nature of the CISV programme noted above and I consider myself to be capable of taking part in it.

I agree not to make a claim or file a lawsuit against CISV if I am injured while travelling to / from and participating in the above programme, unless there has been gross negligence on the part of CISV.

I understand that CISV participants are expected to conduct themselves in accordance with local laws and CISV rules. If I engage in inappropriate behaviour I may be sent home before the end of the programme at CISV's discretion. I will cover the costs of this trip.

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

I understand that if I arrange to travel before or after the CISV programme, (other than travel to and from the CISV programme) this additional travel is not part of the CISV programme and the travel and all arrangements are entirely my own responsibility.

Part 5: Use of Data

I agree that CISV will keep a record of my 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 in the future with information about the organization. Further information can be found in the privacy and myCISV sections of <http://www.cisv.org/terms-and-conditions/>. (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 and Art or Written Work

I agree that CISV may use and publish photographs, artwork, and written work as well as video and audiotape created as part of participation in the CISV programme, which may include me. CISV may use these items in the production of educational or promotional materials including web pages. These items may be used and published with my first name (or nickname), age and nationality. Unless my specific consent is obtained, I will not be identified by full name.



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Part 7: Research on CISV Programmes

In addition to its educational programmes, CISV works to promote research in the field of intercultural education and relations. Research may be conducted both in our programmes and in cooperation with other organizations, such as universities. Any such research project will go through an approval process within CISV International. The results of the research will not be made available in a form which identifies me. I agree to participate in approved research projects. Further information on research can be found on www.cisv.org

Part 8: Signatures

I have signed this legal document on the date stated immediately below to indicate that I understand, accept and agree to all parts of the above. I also confirm that I have the appropriate legal right and responsibility to make these decisions on behalf of the participant.

Signature of the participant		
		day / month / year of signature

Witness

Before you sign this document, you should have somebody there who can act as a witness. Please ask them to sign below to say that they saw you sign this form. As CISV operates in many different countries and some require that signatures be witnessed, CISV asks that this practice is followed in all cases. The witness must be aged 18 or over. It is recommended (but not necessary) that the witness be a member of your CISV Chapter.

Signature of witness		
		day / month / year of signature
Printed name of witness		
Date of birth of witness		

Notary (This space is for the official Seal and/or Signature of a Notary or witness if legally required by either the participant's or host's National Association.)



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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 of its programmes, 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 4 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 ongoing risk management efforts, will limit the impact of rising insurance premiums on our ability to offer CISV programmes in countries around the world.

Our risk management efforts include the CISV International Travel Insurance for all those participating in our international programmes.

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 programme address list that is provided to all participants at the end of the programme, 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 programme 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 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