C H I L D R E N ' S I N T E R N A T I O N A L S U M M E R V I L L A G E S

AN INDEPENDENT, NON - POLITICAL VOLUNTEER ORGANIZATION PROMOTING PEACE EDUCATION AND CROSS - CULTURAL FRIENDSHIP

CISV Legal / Insurance Form – ALIF 2000

Please complete in English either by typing or by hands (in black ink only, using English capital letters).

Appointment of Temporary Guardian for CISV Adult Delegate / Staff

To whom it may concern:

I _____ (Adult Delegate / Staff Member)

at _____ (CISV Programme / Activity in Host Location)

authorize CISV Staff Members or CISV Chapter Representatives

from / / to / /
dd mm yyyy dd mm yyyy

to consent to and arrange for medical care, hospitalization and / or surgery, and to determine and undertake such financial obligations as may be necessary in the event that in CISV's judgement such services become necessary for the above named participant during his/her attendance at, travel to or return from, the CISV programme noted above.
Note: It is understood that in the event of an emergency, every effort will be made to contact the spouse / parent / friend indicated on the CISV Health Form before powers granted to CISV are exercised.
I hereby release CISV and its volunteers from any financial or legal cause of action arising through sickness or accident, except by reason of gross negligence by CISV and / or its volunteers during the CISV programme. In the event of any legal / insurance claim against CISV International, I / we agree to have the claim settled under the laws of Great Britain.
A CISV participant is expected to conduct her / himself at all times (both during travel and the CISV programme) in conformance with local laws and CISV rules. Participants engaging in inappropriate behaviour may be sent home before the end of the programme at CISV's discretion and without CISV financial liability (see relevant programme *Guides* for procedure / guidance).
I have been informed about the CISV insurance rule and understand that it is my responsibility to provide adequate health and accident insurance for my child both during travel and the CISV programme. I also understand that all travel arrangements to and from the CISV programme and appropriate baggage / flight cancellation insurance are my own responsibility, consistent with CISV National / Chapter rules and / or guidelines issued by CISV International Ltd.

Give name, address, phone, fax and E-mail numbers that CISV can use during the relevant CISV programme.
Name and Address (valid until): Please type or complete in black ink only using English capital letters leaving a space between words. Line 1: mailing name only. Lines - 6: address and postcode. Line 7: country only.

Country:																										
Chapter:																										

1																											
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	Country Code	**Area Code**	**Local Number**	
HomeTel:				Mobile Tel: Yes ☐ No ☐
Office Tel:				Mobile Tel: Yes ☐ No ☐
Personal E mail:				
Office E mail:				

Attention of:

Home Fax:				
Office Fax:				

CISV policy encourages electronic communication; but no address information is distributed without permission nor provided to other organizations by CISV International Ltd for "commercial gain" / profit. Data security measures / privacy guidelines are reviewed regularly.

Electronic Communication / Publication Restrictions (permission assumed unless noted below):

Tick the box if you do **not** want your personal communication information distributed globally *within* CISV by e - mail. ☐
Tick the box if you do **not** want your personal communication information published on official CISV web sites. ☐
Tick the box if you do **not** want your photo / image published globally by CISV in its official publications or web sites. ☐

Signature: (Adult Delegate / Staff Member)

List languages spoken at above numbers:

Insurance Certification

At the Adult Delegate / Staff Member's option, health / accident / baggage insurance is available from Lloyds of London via Aon by timely payment and notification to CISV International Ltd.

My health / accident insurance has been arranged through (tick one)

☐ Obligatory Aon cover by NA agreement ☐ Aon cover individually arranged via CISV International Ltd

☐ Obligatory cover (not Aon) by NA agreement

☐ National Health Insurance Policy No: Country

☐ Private Insurance Policy No:
Company Name: Company Address:

Insurance cover **other than** Aon as noted above, state:

1 Maximum payment per claim: 2 Deductible amount per claim:

3 Exclusions from Coverage:

As proof of my consent in granting CISV Temporary Guardian powers and in acceptance of the release and conditions / terms noted above, I have signed this legal document on:

Date / /
dd mm yyyy

Certifications:

I have no criminal convictions or history of mental illness, emotional counselling, violent behaviour, alcohol / drug abuse, prejudice, etc., that would disqualify me from participation in CISV's international peace education and cross - cultural programmes.

I have received / reviewed copies of CISV guidelines regarding privacy, discrimination, selection and behaviour, in addition to financial information and specific programme or activity descriptions, which outline my relevant duties / obligations and any potential sanctions for their violation. I agree to meet CISV's conditions / guidelines as outlined in this material regarding my participation / membership and have provided accurate, current information in my CISV Health Form and this Legal / Insurance Form.

My signature confirms that all information provided to CISV is a true record and that I have withheld no material information.

Signatures: Applicant _____ Date: ____ / ____ / _____
dd mm yyyy

Parent: _____ Date: ____ / ____ / _____
dd mm yyyy

Parental signature for youth participants is required by CISV International Ltd rules, even if Applicant is of legal age.

Seal / Signature of Notary or witness **if required** by either traveller's or host nation's law

Translation welcome, but for legal purposes the only official text for this form is this English edition.

For international use, please comment in / carry English language forms. Bring the CISV Health Form – HF 2000.