



FLS International Parental Release Form

INTERNATIONAL

Please submit this supplement with your application if you will be under age 18 on your program departure date.

A. Please provide information on a parent or guardian:

A. Parent/ Guardian Name		
<input type="checkbox"/> M <input type="checkbox"/> F	<u>Family Name</u>	<u>First Name</u> <u>Middle Name or Initial</u>
B. Address		
<u>Street Address or P.O Box</u>		
<u>City</u>	<u>State</u>	<u>Zip Code</u>
<u>Country</u>	<u>Fax</u>	<u>E-mail</u>
<u>Home Telephone</u>	<u>Work Telephone</u>	<u>Other (mobile, pager, etc.)</u>

Signature of Parent or Guardian:

I, the undersigned, _____, (father / mother / guardian)

of: _____, age _____, authorize FLS to authorize any necessary emergency measures, both medical and surgical, including the possibility of hospitalization, in case of illness or accident.

In addition, I agree to hold harmless FLS International from all claims, actions, suits, liabilities, costs and expenses arising out of or connected to this program, unless and to the extent caused by negligent acts or omissions on the part of FLS.

City: _____ Date: ____/____/____

Parent Signature: _____