

INTERCAMBIO CULTURAL MAYA

All prospective applicants under 18 years of age (here referred to as “the minor”) who wish to be considered for acceptance on the winter Intercambio Cultural Maya trip must fall into one of the following categories:

- Be a college or university student, or
- Be a family member traveling with at least one parent with the parent assuming responsibility for the behavior and supervision of the minor.

AND, once accepted, will:

- Submit to the Intercambio office, **2 (two)** original signed and notarized parental consent forms (one for our office and one for Intercambio to take on the trip). Each of the two consent forms must be signed in the presence of a notary public by both of the minor’s biological parents or legal guardians (on each form). **If both signatures are not on the form, airport personnel may forbid the minor from boarding the plane, or Mexican Immigration officers may refuse the minor’s admission to the country.** These forms must be submitted by November 21, 2009, even if one or both of your parents/legal guardians may also be participating in this trip. Note: Forms will be sent with the Acceptance Letter.

If you have any questions, please call:

Jack Diel or Jan Buffington
Intercambio - UMHE
321 North Seventh Street
Terre Haute, IN 47807-3001

Phone: 812-232-0186

(If we are unavailable, please leave a time that is convenient for us to return your call)

intercambio.maya@gmail.com

PARENTAL CONSENT FORM INSTRUCTIONS

Please read the attached form carefully. Two Parental Consent forms are required of all Intercambio participants under 18 years of age.

1. Fill in the appropriate lines on the front of the consent forms.
2. Sign both forms on the appropriate line for mother/legal guardian and father/legal guardian **IN THE PRESENCE OF A NOTARY PUBLIC**. Both notarized signatures must be on the same page on each of the two consent forms.
3. The **NOTARY** will fill in the other lines.
TO THE NOTARY: Please note that each form must be notarized twice (once for each parent).
4. **BOTH BIOLOGICAL PARENTS MUST SIGN**, even if only one parent has legal custody in the United States or if one parent is participating in the trip. If one parent has died, the Intercambio minor participant must carry a copy of that parent's death certificate along with the other required documents. Send a photocopy of the death certificate to the Intercambio office with consent forms.
5. Even when parents are accompanying the minor on the trip to Mexico, **BOTH PARENTS MUST SIGN**.
6. Intercambio needs to receive **both** sets of **original, notarized** consent forms and photocopy of death certificate (if applicable) by November 21, 2009.

ATTENTION: Participants who are under the legal age for drinking alcoholic beverages (21) and their parent(s): Our Procedures Manual states that Intercambio cannot and should not be expected to police participants' behavior every moment. This includes the use of alcohol or illegal drugs. Under-age participants are not allowed to use alcohol or illegal drugs. Should an under-age participant be found using or having used alcohol or illegal drugs, his/her parent(s) may be called immediately by the leadership. A consensus shall be reached on how the situation shall be remedied. Should that involve immediate return to the U.S., the parent(s) will cover any additional expenses. Final authority for decisions in each case lies with the Intercambio team. This policy is referenced in the Parental Consent Form and by signing that document, the parent(s) agree to this policy.

As always, call us if you have questions or concerns. If we are unavailable, please leave a message with the best times to contact you.

Intercambio - UMHE - 812-232-0186

**PARENTAL CONSENT and AUTHORIZATION
for Attendance and Emergency Medical Treatment**

Name of Participant _____

Birth Date: ___/___/___ Current Age: _____ Current Date: _____
Mo/ Da / Yr

I/We, the undersigned, am/are the parent(s) or legal guardian(s) of _____
and hereby give my/our permission to said minor to attend the Mayan Cultural Exchange (Intercambio Cultural Maya), or Yucatan Cultural Exchange (Intercambio Cultural de Yucatan) in Mexico, which event is being co-sponsored by the McKinley Foundation and the United Ministries in Higher Education in the Terre Haute Area. I/We understand that participation and attendance require my/our minor child to travel to Mexico and to live in the Yucatan region. I have read and understand the application made by my/our child which describes the living conditions within Mexico.

During such event, I/We hereby authorize and direct any sponsor and/or chaperon of the Mayan Cultural Exchange (Intercambio Cultural Maya), or Yucatan Cultural Exchange (Intercambio Cultural de Yucatan) to give binding consent on my/our behalf to any doctor, hospital, medical facility, or other health care provider for any emergency medical care or surgery which, in the sole judgement of said doctor, hospital, medical facility, or other health care provider is necessary, to preserve my/our minor child's health.

I/We hereby release and discharge such person, sponsors, administrator, or chaperon from any and all claims, damages, losses, and liabilities of any kind or character resulting from or in any way connected with said sponsor, administrator or chaperons giving consent to medical or surgical emergency treatment which is recommended or performed by such doctor, hospital, medical facility, or health care provider as being necessary to preserve my/our minor child's health. Said release is given in consideration of my/our minor child's ability to attend the Mayan Cultural Exchange (Intercambio Cultural Maya), or Yucatan Cultural Exchange (Intercambio Cultural de Yucatan).

I/We affirm that, on my/our own assumption of risk, my/our minor child will participate in the Mayan Cultural Exchange (Intercambio Cultural Maya), or Yucatan Cultural Exchange (Intercambio Cultural de Yucatan) co-sponsored by the McKinley Foundation and the United Ministries in Higher Education in the Terre Haute Area. I/We hereby release and forever discharge the McKinley Foundation and the United Ministries in Higher Education in the Terre Haute Area, their officers, employees, agents, successors, and assigns from liability for any and all claims, known or unknown, for personal injuries and property loss sustained by my/our minor child, and any damages resulting there from, as a consequence of participation in such event, whether such negligence of the McKinley Foundation and/or the United Ministries in Higher Education in the Terre Haute Area and/or their officers, employees, or agents.

I/We further agree to indemnify the Mayan Cultural Exchange (Intercambio Cultural Maya), or Yucatan Cultural Exchange (Intercambio Cultural de Yucatan) and/or its co-sponsors, the McKinley Foundation and/or the United Ministries in Higher Education in the Terre Haute Area their officers, employees, agents, successors, and assigns from all claims, damages, or actions brought at any time in the future by my/our minor child or anyone in his/her behalf, or any person for such personal injuries and/or property loss or damage.

(see reverse side for notarized signatures)

Parental Consent and Authorization

for Attendance and Emergency Medical Treatment

Mayan Cultural Exchange (Intercambio Cultural Maya) or Yucatan Cultural Exchange (Intercambio Cultural de Yucatan)

I/We affirm that we have talked to the above named participant that under-aged participants are not allowed to use alcohol, and also the dangers of using alcohol or drugs in Mexico. I/We have explained that the U.S. Constitution stops at the U.S. border and that if arrested for use or possession, one is assumed guilty by Mexican authorities and little help can be given by the U.S. Consulate. I/We understand and agree that if the above named participant is found using or to have used alcohol or illegal drugs by any of the Intercambio leadership, I/we may be called immediately, informed of the situation, and given the opportunity to talk with my/our minor child. If called regarding such a problem, I/We shall come to a consensus with my/our child and the Intercambio leadership on how the situation shall be remedied. Should that involve immediate return to the U.S.A., I/We shall cover any additional expense. I/We understand that final authority for decisions in each case lies with the Intercambio leadership team. Sign at appropriate >> below.

>> _____ (Signature of Father/Legal Guardian)

FOR FATHER/LEGAL GUARDIAN'S SIGNATURE

STATE OF _____

County of _____

Personally appeared before me, a notary public in and for said county and state, (**father**/legal guardian) _____, to me known to be the person named in and who executed the foregoing Consent and Authorization and acknowledged that he executed the same of his own free act and deed and that the facts alleged in the foregoing instrument are true after being duly sworn upon his oath.

Witness my hand and Notary Seal this _____ day of _____, 20____.

MY COMMISSION EXPIRES: _____

SEAL

PRINTED NAME: _____

COUNTY OF RESIDENCE: _____

>> _____ (Signature of Mother/Legal Guardian)

FOR MOTHER/LEGAL GUARDIAN'S SIGNATURE

STATE OF _____

County of _____

Personally appeared before me, a notary public in and for said county and state, (**mother**/legal guardian) _____, to me known to be the person named in and who executed the foregoing Consent and Authorization and acknowledged that she executed the same of her own free act and deed and that the facts alleged in the foregoing instrument are true after being duly sworn upon her oath.

Witness my hand and Notary Seal this _____ day of _____, 20____.

MY COMMISSION EXPIRES: _____

SEAL

PRINTED NAME: _____

COUNTY OF RESIDENCE: _____

**PARENTAL CONSENT and AUTHORIZATION
for Attendance and Emergency Medical Treatment**

Name of Participant _____

Birth Date: ___/___/___ Current Age: _____ Current Date: _____
Mo/ Da / Yr

I/We, the undersigned, am/are the parent(s) or legal guardian(s) of _____
and hereby give my/our permission to said minor to attend the Mayan Cultural Exchange (Intercambio Cultural Maya), or Yucatan Cultural Exchange (Intercambio Cultural de Yucatan) in Mexico, which event is being co-sponsored by the McKinley Foundation and the United Ministries in Higher Education in the Terre Haute Area. I/We understand that participation and attendance require my/our minor child to travel to Mexico and to live in the Yucatan region. I have read and understand the application made by my/our child which describes the living conditions within Mexico.

During such event, I/We hereby authorize and direct any sponsor and/or chaperon of the Mayan Cultural Exchange (Intercambio Cultural Maya), or Yucatan Cultural Exchange (Intercambio Cultural de Yucatan) to give binding consent on my/our behalf to any doctor, hospital, medical facility, or other health care provider for any emergency medical care or surgery which, in the sole judgement of said doctor, hospital, medical facility, or other health care provider is necessary, to preserve my/our minor child's health.

I/We hereby release and discharge such person, sponsors, administrator, or chaperon from any and all claims, damages, losses, and liabilities of any kind or character resulting from or in any way connected with said sponsor, administrator or chaperons giving consent to medical or surgical emergency treatment which is recommended or performed by such doctor, hospital, medical facility, or health care provider as being necessary to preserve my/our minor child's health. Said release is given in consideration of my/our minor child's ability to attend the Mayan Cultural Exchange (Intercambio Cultural Maya), or Yucatan Cultural Exchange (Intercambio Cultural de Yucatan).

I/We affirm that, on my/our own assumption of risk, my/our minor child will participate in the Mayan Cultural Exchange (Intercambio Cultural Maya), or Yucatan Cultural Exchange (Intercambio Cultural de Yucatan) co-sponsored by the McKinley Foundation and the United Ministries in Higher Education in the Terre Haute Area. I/We hereby release and forever discharge the McKinley Foundation and the United Ministries in Higher Education in the Terre Haute Area, their officers, employees, agents, successors, and assigns from liability for any and all claims, known or unknown, for personal injuries and property loss sustained by my/our minor child, and any damages resulting there from, as a consequence of participation in such event, whether such negligence of the McKinley Foundation and/or the United Ministries in Higher Education in the Terre Haute Area and/or their officers, employees, or agents.

I/We further agree to indemnify the Mayan Cultural Exchange (Intercambio Cultural Maya), or Yucatan Cultural Exchange (Intercambio Cultural de Yucatan) and/or its co-sponsors, the McKinley Foundation and/or the United Ministries in Higher Education in the Terre Haute Area their officers, employees, agents, successors, and assigns from all claims, damages, or actions brought at any time in the future by my/our minor child or anyone in his/her behalf, or any person for such personal injuries and/or property loss or damage.

(see reverse side for notarized signatures)

Parental Consent and Authorization
for Attendance and Emergency Medical Treatment

Mayan Cultural Exchange (Intercambio Cultural Maya) or Yucatan Cultural Exchange (Intercambio Cultural de Yucatan)

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➤➤ _____ (Signature of Father/Legal Guardian)

FOR FATHER/LEGAL GUARDIAN'S SIGNATURE

STATE OF _____
County of _____

Personally appeared before me, a notary public in and for said county and state, (**father**/legal guardian) _____, to me known to be the person named in and who executed the foregoing Consent and Authorization and acknowledged that he executed the same of his own free act and deed and that the facts alleged in the foregoing instrument are true after being duly sworn upon his oath.

Witness my hand and Notary Seal this _____ day of _____, 20____.

MY COMMISSION EXPIRES: _____

SEAL

PRINTED NAME: _____

COUNTY OF RESIDENCE: _____

➤➤ _____ (Signature of Mother/Legal Guardian)

FOR MOTHER/LEGAL GUARDIAN'S SIGNATURE

STATE OF _____
County of _____

Personally appeared before me, a notary public in and for said county and state, (**mother**/legal guardian) _____, to me known to be the person named in and who executed the foregoing Consent and Authorization and acknowledged that she executed the same of her own free act and deed and that the facts alleged in the foregoing instrument are true after being duly sworn upon her oath.

Witness my hand and Notary Seal this _____ day of _____, 20____.

MY COMMISSION EXPIRES: _____

SEAL

PRINTED NAME: _____

COUNTY OF RESIDENCE: _____

