



Termination from program RELEASE WAIVER

(PARENT/GUARDIAN FORM)

Student Name _____
Last First Middle

I/we, the undersigned legal guardian(s) or parent(s) of the above referenced student hereby acknowledge(s) and fully understand(s) that upon my son's/daughter's termination from the **School District 71 Comox Valley International Student Program**, the school district and its employees have no further responsibility for the safety or welfare of my son/daughter. I/we also understand and agree upon termination from the School District 71 program:

1. that School District 71 will no longer sponsor my son/daughter as an exchange student participant and has an obligation to report his/her termination from the program to all appropriate government agencies, including but not limited to Immigration and other regulatory departments. Such reporting usually results in withdrawal of the student's host country resident visa.
2. that my son/daughter will automatically be cancelled from all program-sponsored health insurance coverage.
3. to release School District 71 and its employees, agents, directors and attorneys/solicitors from any and all liability damages or injuries incurred by my son/daughter from the date of his/her termination.
4. to indemnify and hold harmless School District 71, its employees, agents, directors, attorneys/solicitors and insurers from any and all claims, expenses and attorney fees arising in connection with any damage or injury to my son/daughter from and after the date of termination from the program.

Agreed and accepted this _____ day of _____, 20_____.

Parent or Legal Guardian 1 (full name) Parent or Legal Guardian 1 (signature)

Parent or Legal Guardian 2 (full name) Parent or Legal Guardian 2 (signature)

In the case of my son/daughter, the termination from the School District 71 program will occur on the _____ day of _____, 20_____. S/he will be living with the following adults:

Names: _____

Address: _____