

# Parental Authorization for BELO Tours in the USA



As the natural parent/s of .....  
(Print student's full name)

from .....  
(country), born on ..... /..... /.....

I/we hereby grant permission for them to participate on the following trip:

**Please write in the name of trip and dates:**.....

- I/We have been advised of the trip cost, and have no objection to my/our child paying this amount.
- I/We understand that my/our child's host family knows of and approves of this trip.
- I/We agree not to hold the exchange organization, or any representative thereof, responsible for any injury, accident, or loss suffered by my/our child during this trip.
- I/We understand that this trip is an exchange organization-sanctioned group activity, and as such will be subject to exchange organization rules, including those regarding inappropriate behavior, alcohol, and drugs. There will be curfews, and students must be in their assigned rooms at that time. Inappropriate behavior of students includes destruction of property, injuries to others, unacceptable noise levels, sexual behavior, being in rooms of opposite sex, consumption of illegal substances, and noncompliance with trip rules and local laws. Student may be tested upon suspicion of illegal drug use and sent home if the results are positive.
- I/We understand that if my/our child does not obey the exchange organization policies or trip guidelines, they may be returned to their host (International Student)/natural (US student) family at their own personal expense. I/we shall be responsible to pay any expenses incurred as a result of Student's misconduct or noncompliance with trip rules and local laws.
- I/We also understand that a violation of our exchange organization's rules before the trip begins may cause the Exchange Organization Representative to cancel my/our child's place on the trip. In this case, no refund will be given. I/ We are aware that though we have given permission for this trip, the Exchange Organization Representative has the authority to deny my/our child's participation in this activity.

.....  
Print Parent/Guardian Name

**Sign:** .....  
Signature of Natural Parent(s) or Legal Guardian(s) Date

Medical Release: In the event my/our child needs any medical treatment in the case of emergency, accident, or illness while on this BELO trip, the Trip Coordinator or Chaperone has my/our permission to act for me/us as their parent/s.

**Sign:** .....  
Signature of Natural Parent(s) or Legal Guardian(s) Date

Home Tel.: ..... Work Tel.: ..... Cell Tel.: .....

Email:.....

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1. This document has to be signed by your parents from your original country.
2. This document has to be uploaded to the Tour Authorization portal using the link in your confirmation email.