

**CHINESE AND AMERICAN STUDENT EDUCATIONAL
EXCHANGE PROGRAM
SUMMER 2019 (YOUTH ROOT SEEKING CAMP)**

All fields are required

GENERAL INFORMATION:

Name _____
Last First MI

Chinese Name _____
(if available)

Nationality _____

Gender (Circle one): M F

Date of Birth _____
(Month/Date/Year)

Home Address _____

City _____

Student Email _____

School _____

Student Phone Number _____

Text? **Yes / No**

EMERGENCY CONTACT IN CHINA:

Name _____

Relationship _____

Phone _____

PARENTS/GUARDIANS:

Name(s) _____

Cell Phone _____

Home Phone _____

Address _____

(if different from applicant's)

Email _____

MEDICAL INFORMATION:

Health Insurance Carrier _____

Health Insurance Number _____

Allergies _____

Will you be bringing prescription medication to China? **Y / N**

I, the participant, understand that I must bring enough personal medications for the duration of the trip. **Y / N**

Although it is not necessary to host back a Chinese student, please understand that we are an EXCHANGE program.
My family and I will be able to host a Chinese student in early 2020. **Y / N**

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Please respond to the following questions on a separate sheet of paper and attach it to your application. (~300 words per question)

- Why are you interested in CASEEP?
- What do you hope to gain from this program?
- What will you contribute to the program?

Please sign and submit both the application and liability waiver as well as \$500 check, payable to CASEEP. (Please only write the check once you have officially been accepted.) By signing, you agree to the terms and conditions found in the liability waiver.

Applicant Signature

Date

Parent Signature

After you have submitted the application, we will contact you directly by email/phone.
Please check <https://caseep.wixsite.com/caseep2019> for information on how to submit this paper
application
alongside an online application.

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CASEEP WAIVER OF LIABILITY

I, _____, desire to attend the Chinese American Student Educational Exchange Program ("CASEEP") as a volunteer and engage in the activities related to being a volunteer at CASEEP. I understand that I am undertaking all activities as a volunteer, and that no monetary compensation will be given for any work or services undertaken or completed in the course of the activities.

I hereby freely, voluntarily, and without duress execute this Release under the following terms:

Release and Waiver. I, the above signed, do hereby release and forever discharge and hold harmless The Overseas Chinese Affairs Office of Guangdong Province, The Education Department of Guangzhou, and all associated employees, volunteers, directors, officers, agents, successors and assigns (collectively, the "Sponsors") from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, that I may suffer at any time arising from or in connection with the activities related to being a volunteer at CASEEP and activities or excursions undertaken independently without the knowledge and written consent of CASEEP (collectively, "Activities") including any injury or harm to me, my death, illness, or damage to my property (collectively "Liabilities"), which arise or may hereafter arise from the Activities. I also understand that this Release binds my heirs, executors, administrators, legal representatives and assigns, as well as myself.

I understand that this Release discharges the Sponsors from any and all Liabilities and claims that I may have against the Sponsors with respect to any bodily injury, personal injury, illness, death, or property damage that may result from the my Activities with the Sponsors, whether causes by the negligence of the Sponsors or its officers, directors, employees, volunteers, or agents or otherwise. I also understand that the Sponsors do not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.

Medical Treatment. I, the above signed, do hereby release and forever discharge the Sponsors from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Activities.

Insurance. I, the above signed, understand that, except as otherwise agreed to by the Sponsors in writing, the Sponsors do not carry or maintain health, medical, or disability insurance for any volunteers.

Photographic Release. I, the above signed, hereby grant and convey unto the Sponsors all rights, title, and interest in any and all photographic images and video or audio recordings made by the Sponsors during the Activities, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

Assumption of the Risk. I, the above signed, understand the risks associated with traveling abroad. I understand that all excursions or activities undertaken independently without the knowledge and written consent of the Sponsors are taken at my own personal risk.

I hereby expressly and specifically assume the risk of injury or harm in the Activities and releases the Sponsors from any and all Liabilities resulting from the Activities.

If Signed by Parent or Guardian: I verify that the dangers of the activities and the significance of this Release and Waiver were explained to the Participant and that the Participant understood them.

Executed at _____, California on _____, 20____

Parent/Guardian Name (Print): _____ Parent/Guardian Signature: _____

Participant Name (Print): _____ Participant Signature: _____

****If you are under 18 years of age, you and your parent/guardian must sign and initial this form where indicated.**

Postmark by May 5th, 2019