

SPRING MOUNTAIN CHRISTIAN ACADEMY

International Student Release Forms



LIABILITY RELEASE

We the undersigned as the student, and the parent(s) or legal guardian(s) of the student, hereby release Spring Mountain Christian Academy, its Board of Directors, staff, and volunteers from any and all current and future claims, charges, costs and/or causes of action for loss of property, personal injury, illness, accident or death sustained by the student whether covered by insurance or not. We further understand and agree we are responsible for any loss, damage, or injury caused by the student while attending Spring Mountain Christian Academy. As the parent(s) or legal guardian(s) of the student, we agree to supply the student with money to cover his/her needs and expenses for the duration of his/her exchange program and return home. We understand and agree that SMCA is not responsible for my/our child's money or personal property, whether lost or stolen. Further, we understand and agree that should there be a geographical move of my/our child, for any reason whatsoever, the cost of transportation shall be assumed by the student. We grant SMCA permission to use photographs/videos, or any other materials in which the student may appear, for promotion or publicity of the school.

Parent Signature _____ Name: _____ Date: _____
Parent Signature _____ Name: _____ Date: _____

MEDICAL RELEASE

- In case of illness, accident or injury, I/we grant permission to Spring Mountain Christian Academy, and/or my/our child's host family to authorize examination and treatment for my/our child, by qualified medical personnel.
- I/We also grant SMCA and the host family, all necessary permissions to act as legal guardians, especially in emergencies, whether medical or other, including surgical operations or any other treatment.
- This authorization also grants permission to release information regarding my/our child to receive any and all inoculations or immunizations required by federal, state and/or school authorities.
- This Medical Release Authorization shall be valid for the entire duration of attendance at SMCA. All medical expenses will be the responsibility of the parents.

Parent Signature _____ Name: _____ Date: _____
Parent Signature _____ Name: _____ Date: _____

TRAVEL AUTHORIZATION

I/We authorize Spring Mountain Christian Academy and my/our child's host family to allow my/our child to travel, within guidelines as established by SMCA and the host family.

Parent Signature _____ Name: _____ Date: _____
Parent Signature _____ Name: _____ Date: _____

This document needs to be filled out and signed by the parents/legal guardians prior to the student arriving in the United States.