



ICES USA EXCHANGE PROGRAM

End of Program Release Form 2

5556 Stage Road, Concord, VA 24538; Phone 800-344-3566; Fax 434-993-9129; studentservices@icesusa.org; www.icesusa.org

Use this form ... when Student wants to travel with Natural Parents, Guardians, Relatives, or Friends of Natural Parents.

EXCHANGE STUDENT INFORMATION (As in passport)		
Last Name:	First Name:	
Student ICES ID Number:		
FOREIGN PARTNER ORGANIZATION		
Sending Organization:	Country:	
NATURAL FAMILY OR GUARDIAN INFORMATION		
Natural Parent/Guardian 1 Last Name:	First Name:	
Natural Parent/Guardian 2 Last Name:	First Name:	
Date of Arrival or Program Release:		
RELATIVE OF NATURAL FAMILY INFORMATION (If applicable)		
Last Name:	First Name:	
Address:		
City:	State:	Zip Code:
Telephone:	Email Address:	
Date for Program Release:		
FRIEND OF NATURAL FAMILY INFORMATION (If applicable)		
Last Name:	First Name:	
Address:		
City:	State:	Zip Code:
Telephone:	Email Address:	
Date for Program Release:		
AGREEMENT & SIGNATURES		
<p>We, the natural parents/guardians, release International Cultural Exchange Services (ICES) and their foreign partner from any and all responsibility as of the end of the Academic Program which is June 15 of this year (or January 15 of this year for 1st semester students). We understand that as of June 15 of this year (or January 15 of this year for 1st semester students) ICES and their foreign partner have no further obligation for our child and the insurance coverage for our child through ICES will no longer be in force.</p> <p>We further accept full responsibility for the students travel and/or living arrangements. We will not hold ICES or their foreign partner responsible in any way for the health, welfare, personal or other condition of our child. We understand that neither ICES, nor their foreign partner is responsible for any loss or injury suffered by our son/daughter during the period following the end of the ICES program.</p>		
Natural Parent/Guardian 1 Signature:	Date:	
Natural Parent/Guardian 2 Signature:	Date:	
Student Signature:	Date:	

ICES Local Coordinator please submit completed form by email studentservices@icesusa.org or fax 434-993-9129.