



Independent Travel Request Form

Student Name: _____ Student I.D. #: _____

Last _____ *First* _____

Host Family Name: _____

Address: _____

Street or Box # _____

City _____

State _____

Zip _____

Phone: _____

I hereby agree to indemnify and hold harmless the AIFS Foundation, AYA, their Officers, Agents, Employees, and the Host Family from and against any liability, which my son/daughter may incur while separated from his/her Host Family and the AYA program.

I fully understand and hereby agree that I am responsible for all travel and lodging arrangements and expenses and the well-being of my son/daughter while apart from the family and program. I hereby release the above-named corporation and persons from any claim arising while my son/daughter is apart from the Host Family and the AYA program.

by: _____

Print name of natural parent or legal guardian

Signature

Relationship to Student: _____

This release shall apply ONLY to the following absence:

Date of Departure: _____

Date of Return: _____

Destination: _____

Purpose of Travel: _____

The student may be contacted during this absence at:

Name: _____

Cell Phone: _____

This form must be completed and in the AYA national office four weeks prior to travel.