

# Cultural Exchange Risk Waiver Form

## Participant Information

Full Name

Date of Birth

Email Address

Phone Number

Home Address

## Program Details

Program Name

Location

Dates of Participation

## Risk Waiver Agreement

I acknowledge that participation in the above cultural exchange program may involve certain risks, including but not limited to travel, health, and safety risks. I confirm that I voluntarily assume all risks associated with my participation. I hereby waive and release the organizers, affiliates, and related parties from any and all liability, claims, or demands for personal injury, illness, property damage, or loss arising from or related to my participation in this program.

Relevant Medical Information

Emergency Contact

Relationship to Participant

Emergency Contact Phone

Participant Signature

Date

Parent/Guardian Signature (if under 18)

Date