



STATES' 4-H INTERNATIONAL EXCHANGE PROGRAMS OUTBOUND PROGRAM INSURANCE AGREEMENT

PRINT IN DARK INK OR TYPE

1. After being accepted, I will be provided with the States' 4-H International Exchange Insurance information. I acknowledge the following:
 - a) The Insurance supplements any other policy of health or accident insurance covering the chaperone, participant and/or his or her family.
 - b) Reimbursements made under this Insurance shall not include subsistence or transportation from the place of injury or illness to the US, or to any other place. Reimbursements for transportation or subsistence, unless it is medically necessary, will not include alternate modes of transportation such as, by way of illustration but not limitation, a berth on an airplane. Should it become medically necessary, reimbursement will include transportation and subsistence to the nearest facility where adequate medical attention can be furnished, provided these expenses are not reimbursed by the sponsoring host organization. In all cases where reimbursement for alternate modes is requested, there must be evidence that appropriate medical facilities are not available. All reimbursements will be limited to transportation costs to the nearest alternate and appropriate facility.
 - c) If I, as the participant or chaperone, elect to return home or to travel to another country for medical care or treatment, and elect not to use the services and appropriate treatment at the nearest point available, I will pay for all additional costs beyond those provided under the provisions of the program, unless a prior commitment has been made with WorldWise Exchange Services, CWT (Carlson Wagonlit Travel) and the International Programs Committee.
2. I agree that I will not operate on a public highway, at any time, a motor or horse-drawn vehicle of any kind. Nor will I, at any time operate a watercraft or private aircraft.
3. In the event of an emergency, I consent to have WorldWise Exchange Services, the partnering organization abroad, or the International Programs Committee or its agent or representative select appropriate medical and surgical treatments that may be required, including arrangements for anesthesia or other medication, and other preliminary or additional treatments, operations, tests, transfusions, and injections that may be required.
4. I and my parents or legal guardian (if I am under 21 years of age), and their respective heirs, successors, administrator, executors and assigns, agree to indemnify and hold harmless WorldWise Exchange Services, The International Programs Committee, and the partnering organization abroad against any claims, losses, expenses or payment resulting from any claims, liability, loss or damage caused to or asserted against, WorldWise Exchange Services, the International Programs Committee, and the partnering organization abroad arising from any act or failure to act by me.
5. WorldWise Exchange Services, the International Programs Committee, the partnering organization abroad, and the International Programs Committee shall have no liability if I voluntarily or otherwise withdraw or am dismissed from the program.
6. WorldWise Exchange Services, the International Programs Committee and the partnering organization abroad is not responsible for additional costs incurred when I change airline tickets or other travel arrangements.

Applicant's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____