



Philippine Youth Leadership Program 2019

A program funded by the Bureau of Educational & Cultural Affairs, U.S. Department of State and administered by Northern Illinois University in partnership with Xavier University and the U.S. Embassy in Manila.

**Indemnification and Medical Treatment Release Form
(For parents/guardians of students)**

I, _____, the parent or guardian of _____

_____ (my child), hereby grant Northern Illinois University permission to enroll my child in the Philippine Youth Leadership Program in DeKalb, Illinois and Washington, DC. I understand this program is scheduled to begin April 13 and end on May 11, 2019. I hereby knowingly and voluntarily agree that my child and I, and our heirs and assignees, do and shall hold Northern Illinois University, its trustees, agents, servants, employees, directors, and officers, harmless from and for any and all claims, damages, and any and all other forms of liability arising from, or in connection with, my child’s travel to, attendance at, and return from the Philippine Youth Leadership Program and all associated activities and events.

I hereby grant Northern Illinois University permission, in the event my child experiences a medical emergency during the 2019 Philippine Youth Leadership Program, to seek and/or render medical assistance to my child.

ACCEPTED AND AGREED TO BY:

Signature of Parent/Guardian

Name of Parent/Guardian (please print)

Date

Name/Relationship of Emergency Contact:

Name: _____

Telephone: _____