

NOTE: This form must be filled out by the parent or guardian, notarized, and the original sent to the Administrative Office before the visit takes place, keep a copy at school.

**INTERNATIONAL SCHOOL-TO-SCHOOL EXPERIENCE (ISSE)  
ADMINISTRATIVE OFFICE**

586 CLEVELAND AVE.  
LOUISVILLE, CO 80027  
Phone (303) 666-5010 Fax (303) 494-5908

Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
My School is \_\_\_\_\_ Grade \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
School I will visit \_\_\_\_\_ Dates of visit \_\_\_\_\_ to \_\_\_\_\_

**RELEASE FROM LIABILITY — STUDENT** We, the **custodial** parent(s)/guardians of

(Child)	_____	_____	_____ (Initial)
	Family Name	Personal Name	
(Father)	_____	_____	_____ (Initial)
	Family Name	Personal Name	
(Mother)	_____	_____	_____ (Initial)
	Family Name	Personal Name	
(Guardian)	_____	_____	_____ (Initial)
	Family Name	Personal Name	

Do hereby release International School-To-School Experience, the host school, and their trustees, officers, agents, employees, and volunteers from all liability for personal injury, sickness or damage to the personal property of our son/daughter, except as the same may be caused by the willful or intentional act of any trustee, officer, agent, employee, or volunteer of International School-To-School Experience. Further, the undersigned parents do hereby agree to indemnify and hold harmless International School-To-School Experience, its trustees, officers, agents, employees, and volunteers from the money damages claimed or adjudged against them jointly or severally by reason of personal injuries to, sickness of, or damage to the personal property of our son/daughter, except as such damages are caused by willful or intentional act. The release and indemnity herein shall apply to the full period of the International School-To-School Experience.

In Witness Whereof, I have hereunto set my hand this (day) \_\_\_\_\_ (month ) \_\_\_\_\_ (year) \_\_\_\_\_.

*Signed:*

**Father** \_\_\_\_\_

Home Address \_\_\_\_\_ **Notary seal is to be placed**

Business Address \_\_\_\_\_ **in this area.**

Telephone/Fax \_\_\_\_\_

**Email** \_\_\_\_\_

**Mother** \_\_\_\_\_

Home Address \_\_\_\_\_

Business Address \_\_\_\_\_

Telephone/Fax \_\_\_\_\_

Email \_\_\_\_\_