



# CULTURAL HOMESTAY INTERNATIONAL

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**IP/TP/HP INTERSHIP / TRAINING / HOSPITALITY PROGRAM**  
**AUTHORIZATION & RELEASE AGREEMENTS**

CHI ID Code

### MEDICAL LIABILITY RELEASE

I agree that CULTURAL HOMESTAY INTERNATIONAL, or its agents, can take any action whatsoever in regards to my health and safety without incurring any liability or expense. This may include, but is not limited to, my placement in a hospital, use of doctor's services, and transportation to my home country at my expense.

Signature of Participant: [Signature] Date: 07/11/2017

Signature of Parent/Guardian (if Participant is under the age of 21): \_\_\_\_\_ Date: \_\_\_\_\_

### PROOF OF INSURANCE

Attached is a copy of my proof of travelers medical insurance. Company name: \_\_\_\_\_  
Policy number: \_\_\_\_\_ 24-hour telephone number in the U.S./Canada: \_\_\_\_\_

### COOPERATION WITH REGIONAL COORDINATOR

I agree that my Partner agency has reviewed the role of the Regional Coordinator (RC) with me. The RC is available to discuss any aspect of the program and is the mediator during the Host Business introductory period and when problems arise. I have been encouraged to communicate with the RC as frequently as possible. I understand that I cannot independently change my Host Family or Host Business without the RC's knowledge and CHI Main office approval.

Signature of Participant: [Signature] Date: 07/11/2017

### RELEASE OF LIABILITY

In consideration of being accepted by the Internship/Training Program's Host Business as a participant, I, \_\_\_\_\_, being 18 years of age or older, do for myself (or for and on behalf of our child - if said participant is under 21 years of age) hereby release, forever discharge, and agree to hold harmless, the Internship/Training Program's Host Business and the owners and/or principals thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned while participating in the Internship/Training Program. Furthermore, I hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participating in the workplace involved therein. I understand that by signing this Release, I fully and completely waive and relinquish all claims I may have against the Internship/Training Program Host Business and the owners or principals thereof, and release them from any liability they may otherwise have toward me, whether known to me or not. I understand that this Release also applies to the Cultural Homestay International and its RCs, CCs and other personnel. CHI and I also agree that any disputes arising from this agreement may only be resolved by binding American Arbitration Association arbitration in Marin County, California, and not by suit in any court of any country.

Signature of Participant: [Signature] Date: 07/11/2017

Signature of Parent/Guardian (if Participant is under the age of 21): \_\_\_\_\_ Date: \_\_\_\_\_

### CONFIDENTIALITY AGREEMENT

I, Ingrid Xiomara Bonilla Marin, a participant in the Internship/Training Program, agree to treat all information relative to my duties at the Host Business in the strictest confidence. I further acknowledge that such information is proprietary to the Host Business, and I agree to reimburse the Host Business for all legal costs or fees incurred by the Host Business in protecting its proprietary interests to the extent they have been infringed upon or violated. I understand that any unauthorized disclosure of information will result in my immediate dismissal from the Host Business and the Internship/Training Program.

Signature of Participant: [Signature] Date: 07/11/2017

Signature of Parent/Guardian (if Participant is under the age of 21): \_\_\_\_\_ Date: \_\_\_\_\_

### PROGRAM DURATION

I understand that the Internship/Training Program terminates per the date indicated on my DS2019 form and that CHI is unable to grant any program extensions. After the program termination date, I have an optional 30 day grace period to stay in the U.S. for travel purposes only. Should I choose to travel after the program, CHI will not be held responsible for anything that may befall me after the program termination date. I further understand that failure to depart the U.S. as specified, relative to visa immigration laws, may disqualify my entry into the U.S. in the future and/or I may be subject to fines and deportation.

Signature of Participant: [Signature] Date: 07/11/2017

Signature of Parent/Guardian (if Participant is under the age of 21): \_\_\_\_\_ Date: \_\_\_\_\_

### FINANCIAL OBLIGATION PRIOR TO ARRIVAL

I agree to arrive in the United States prepared with sufficient funds (USD\$1200 minimum) to cover all expenses prior to earning a stipend. I am responsible for costs related to daily living, such as rent, utilities, furnishings, groceries, etc.

Signature of Participant: [Signature] Date: 07/11/2017

Signature of Parent/Guardian (if Participant is under the age of 21): \_\_\_\_\_ Date: \_\_\_\_\_

### ACKNOWLEDGEMENT OF PROGRAM RULES, TERMS AND CONDITIONS

I have read the rules of CHI's Internship/Training Program and Participant Handbook and agree to abide by them. I understand that if I deviate from or break any of the Internship/Training Program rules and/or break any national or local laws, it will result in my immediate dismissal from the Program and repatriation. If dismissed from the program, I agree to immediately return to my home country at my own expense. There will be no refunds for early departure or dismissal from the Internship/Training Program.

Signature of Participant: [Signature] Date: 07/11/2017

Signature of Parent/Guardian (if Participant is under the age of 21): \_\_\_\_\_ Date: \_\_\_\_\_