

4. INDEMNIFICATION FORM

THE STATE OF TEXAS

COUNTY OF NUECES

I, the undersigned, _____ in consideration of benefits to be received by me and my family, shall fully indemnify, save and hold harmless the City of Corpus Christi and the Sister Cities Committee, its members and volunteers (hereinafter jointly and severally "the Indemnitees"), against any and all liability, damage, loss, claims, demands, and actions of any nature whatsoever on account of personal injuries (including without limitation on the foregoing workers compensation and death claims), or property loss or damage of any kind whatsoever, which may arise out of or be in any way connected with the High School Student Summer Exchange which our child will travel to and from and visit in the city and country of _____, unless such injury, loss or damage shall be caused by the sole negligence of the Indemnitees, in which case, I, the undersigned, shall, at my own expense, investigate all such claims and demands, attend to their settlement or other disposition, defend all actions based thereon and pay all charges of attorneys and all costs and expenses of any kind arising from any such liability, damage, loss, claims, demands and actions.

Signature of primary parent/guardian (sign in front of notary): _____

Before me, a Notary Public, on this day personally appeared _____ known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purpose and consideration therein expressed.

GIVEN UNDER MY HAND and seal of office this _____ day of _____, 20____.

Notary Public in and for
Nueces County, Texas

5. PARENTAL CONSENT FOR UNACCOMPANIED MINOR

I, the undersigned _____ hereby
(Name of primary parent/guardian)

give permission for my son/daughter _____ with date of birth
(Student's Name)

of _____ to travel alone to _____, leaving Corpus
(Name of Host City and Country)

Christi on _____ and returning to Corpus Christi on _____.
(Departure Date) (Return Date)

Signature of primary parent/guardian (sign in front of notary): _____

Before me, a Notary Public, on this day personally appeared _____
known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged
to me that he/she executed the same for the purpose and consideration therein expressed.

GIVEN UNDER MY HAND and seal of office this _____ day of _____, 20____.

Notary Public in and for
Nueces County, Texas

6. PARENTAL VERIFICATION OF ABILITY TO OBTAIN TRAVEL AND MEDICAL INSURANCE WHILE ABROAD

I, the undersigned _____ hereby
(Name of primary parent/guardian)

verify that I **will obtain travel and medical insurance** for my son/daughter _____
(Student's Name)

to travel to _____, leaving Corpus Christi on _____
(Name of Host City and Country) (Departure Date)

and returning to Corpus Christi on _____, and that I will provide
(Return Date)

this information upon request by the Sister Cities Committee.

Signature of primary parent/guardian (sign in front of notary): _____

Before me, a Notary Public, on this day personally appeared _____
known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged
to me that he/she executed the same for the purpose and consideration therein expressed.

GIVEN UNDER MY HAND and seal of office this _____ day of _____, 20__.

Notary Public in and for
Nueces County, Texas