

PROGRAM RELEASE FORM

Student Name

Date of Birth

Student Country

Overseas Partner Name

Plans during Program Release (include locations)

Start *and* End Date of Release

Name of Supervising Adult(s)
(Will care for, and supervise, the student during release period)

Relationship to Student

Supervising Adult Address

Supervising Adult Phone Number**Agreement:**

I understand that I may be allowed to remain in the United States after the Ayusa program has ended, only on the condition that I understand and follow the rules listed below:

1. I may remain in the United States, **ONLY** after this agreement has been signed and approved by my natural parents or guardian, my host family, and my Ayusa Regional Support Specialist.
2. I will be in the care and supervision of an adult over the age of 25 for the duration of my stay in the U.S.
3. I and my natural parents/guardian assume full responsibility for any expenses incurred by reason of my prolonged stay in the United States, including financing of travels and accommodations, and airline ticket charges incurred by reason of my change in scheduled flight.
4. I must uphold all visa rules and regulations set forth by the U.S. Department of State during the program release period, and I must return to my home country no later than July 31 (February 15 for fall-semester students).
5. Any violation of Ayusa program release policy and expectations may impact my SEVIS immigration record and future re-entry to the U.S.
6. I agree to abide by all Ayusa rules for the duration of the program release period.
7. Effective the program-release date, Ayusa and my host family will not be liable for me as part of the Ayusa program, and all benefits and services associated with the program will no longer be available to me.
8. I am responsible for ensuring that I have health insurance for the duration of my stay in the US. I understand that I must contact my Community Representative and/or my sending organization before June 30 to extend my insurance if I have a policy through Ayusa or my sending organization.
9. This release is granted based on the understanding that I will (disregard if section left blank):

I hereby release Ayusa International employees, contracted field staff, Overseas Representative and my host family from all liability in the case of injury, damages or claims I may suffer or incur during my prolonged stay in the United States. Ayusa staff and my host family are not responsible for providing me with support as of the date I am released from the Ayusa program, but they will be available to me in the event of an emergency.

Student Signature

Date

I agree to be bound to the terms and conditions of this program release as the natural parent/legal guardian of the above student:

Natural Parent or Legal Guardian Signature

Date

If designated as the supervising adult, I agree to the terms of this program release and/or I agree to the plans listed above.

Host Parent Signature

Date

Regional Support Specialist, Ayusa International

Date