

To: AFS-	(Sending Country)	
To: AFS-USA		
hereby authorize or	parents of ur son or daughter to participat by Belo USA Travel ("Belo"):	(Student Name) e in the following independent travel (the
(Check applicable	box and circle correct date fo	r the correct 2023-2024 Belo Tours)
New York City: A NYC, Philadelph	on: February 10-17, March 9-10 pril 13-17 ia, and Washington DC: April 13 ture: March 16-23	
for all aspects of th supervision and su organizations or the agree to hold AFS I food and lodging ar	e Tour, including the selection pport of Tour participants. We a sir staff or volunteers (together parmless for the care and welfa	ervised by Belo, and that Belo is solely responsible of transportation, food and lodging, and for all accept that neither AFS-USA, Inc., nor any other AFS referred to as "AFS") is in any way responsible and re of our son/daughter, including personal safety, g the Tour. Not withstanding the foregoing, we remains in effect.
Belo and the Tour t accept that if we ha (dep date and all claims again	o the extent we deem necessa ave any further issues or conce e) to (return date),	vel website and reviewed all information pertaining to ry to make an informed decision. We agree and rns we will address Belo USA Travel directly. From we agree to indemnify and hold AFS harmless for any son's/daughter's acts or omissions during the Tour thereof.
sole discretion dete health conditions (s	ermines that travel is unsafe fo such as a global pandemic) or a	n for independent travel on the Tour if AFS, in its any reason, including societal, political, or publically other force majeure event. If this should be the uch circumstances, we will seek any refund directly
terms and condition		d my son/daughter and we are still bound by the eement signed by us and that the AFS Duty Officers
Parent/Guardian 1	Date	
	 Date	