



Passport Carrying Consent Form

I, _____ [print full name], hereby authorize the traveling educators (together with any of its authorized agents or representatives, "No Barriers Youth" to carry my passport for the duration of my time while on this travel program, including travel to and from the United States. I understand that all precautions will be taken and necessary steps to safeguard my passport during this time, but is not responsible should it be lost or stolen.

Signature _____

Date _____

Print Name _____

IF UNDER 18 YEARS OF AGE, PARENT OR GUARDIAN MUST READ AND SIGN BELOW: I am the parent or legal guardian of the above minor and have read the above Agreement. I hereby consent to the terms of the Agreement on behalf of the named minor, and given my consent to the participation of the above named minor in the Program on the terms stated. I understand that all precautions will be taken and necessary steps to safeguard my child's passport during this time, but is not responsible should it be lost or stolen.

Signature _____

Date _____

Print Name _____

Relationship to the Participant _____

I HAVE READ THIS RELEASE AGREEMENT AND HAVE FULLY INFORMED MYSELF OF ITS CONTENTS BEFORE I HAVE SIGNED IT.

Please Return This Signed Form To Your Group Leader