



JARINGAN  
SEKOLAH ALAM  
NUSANTARA



## CEI 2023 Indonesia July 2<sup>nd</sup> - July 8<sup>th</sup> 2023

### Consent Forms

Participant's Name: \_\_\_\_\_

State/Province, Country: \_\_\_\_\_

Destination Country: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Passport Number : \_\_\_\_\_

#### 1. International Travel Authorisation

I, (name of the parent) \_\_\_\_\_ hereby grant permission for my child to travel to Indonesia to attend and participate in the 2023 Caretakers of the Environment International Conference in Yogyakarta, Indonesia. I hereby confirm that I fully understand that during the travel dates, my child will be under the supervision of the delegation leaders.

#### 2. Medical Release Form / Acknowledgement of Risk and Waiver of Liability

\_\_\_\_\_ (Name of child) has permission to participate in activities and field trips carried out in the course of the 2023 CEI Conference.

I also acknowledge there are inherent risks involved in any activity or field trip. I understand that neither CEI Indonesian or the JSAN are responsible for the formal organisation of activities and field trips but assume no liability for their implementation. In consideration of my child participating in this CEI Conference, consent is given for emergency medical treatment, hospitalisation or other medical treatment by a physician and/or hospital in the event of injury or illness and waive any liability of CEI Indonesian or the JSAN arising out of such medical treatment. My child has permission to ride buses to and from any locations and I acknowledge there may be risks involved in riding the bus.

#### 3. Media Release Form

I \_\_\_\_\_, hereby grant permission to my child \_\_\_\_\_ to appear in photos, video or audio recordings, films and written articles, or on conference related social media and websites for the purpose of the 37rd Caretakers of the Environment International Conference (JULY 2nd - JULY 7th 2023).

I certify that I am the parent or legal guardian of the above-named participant. On behalf of myself and my spouse, partner, co-guardian or any other person who claims the participant as a dependent, I have read the above agreements, I understand the contents of the Consent Forms, assent to their terms and conditions, and sign the Consent Forms of my own free act. I acknowledge that my dependent and I have agreed to the terms and conditions of my dependent's participation in the 2023 CEI Conference, and I hereby give my consent to participation. I further agree to hold harmless, indemnify and defend CEI Indonesia or JSAN from and against all claims, demands or suits that my dependant has or may have.

**The application process is only complete after full acknowledgement of the abovementioned conditions.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



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### Health Form

Participant's Name: \_\_\_\_\_  
(First) (Last)

Address: \_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City) (State) (Zip Code)

Participant is:  18+  -18  Male  Female Date of Birth: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
(Name) (Relationship)

\_\_\_\_\_  
(Daytime phone) (Evening phone)

\_\_\_\_\_  
(Other)

### Health Statement (to be completed by parent)

Does the participant have any dietary restrictions? If yes, please describe:	Yes	No
Does the participant have any allergies? If yes, please describe:	Yes	No
Name of all medications:		
Name and phone number of physician:		

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date