



**Mutual Friends Student Exchange, Inc**  
**1745 Furnace Hill Road**  
**Denver, PA 17517 USA**  
**www.mfse.biz 717-431-8181**

**SPECIAL CONSENT FORM**

**STUDENT NAME:**  **BIRTH DATE:**

I (we) \_\_\_\_\_, the natural parents or legal guardians of \_\_\_\_\_, a student enrolled in the Mutual Friends Student Exchange, Inc program, do hereby grant our full consent for this student to participate in the following activities: \_\_\_\_\_

We acknowledge that these activities are recognized as "high risk" activities due to the risk of serious injury or death to the participant. We further declare that we will hold harmless Mutual Friends Student Exchange, Inc, its employees, representatives, agents and host parents in the event that the participation of the aforementioned student in the activities listed herein results in the injury, incapacitation or death of the student.

Permission is herewith granted for the student to participate in these activities:

- one time on the following date(s): \_\_\_\_\_
- on an ongoing basis.

\_\_\_\_\_  
SIGNATURE OF MOTHER OR LEGAL GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF FATHER OR LEGAL GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF EXCHANGE VISITOR/STUDENT

\_\_\_\_\_  
DATE