

## **RENUNCIATION OF CLAIM LETTER**

I, the undersigned,

Family Name ( as in passport or ID) :

First Name ( as in passport or ID):

Date of Birth :

Place of Birth :

Address :

1. So declare that I accept to participate in the YAP with the conditions so arranged between the “YAP / Famex Austauschverein e.V .” and the sponsoring national association.
2. I shall make all arrangements such as return flight tickets .
3. I waive my rights to make any claims against the YAP/Famex –Austauschverein e.V., 41 International and the sponsoring Associations for misrepresentation and for damages of any nature either or that I might encounter during my participation of this program.
4. I shall take an insurance policy before my departure and for the duration of the program to cover myself against sickness and accident, in addition I shall take cover for Civil liability for material or Corporal damages incurred by myself.
5. I shall submit the name and address of my insurers, the policy number and telephone number before departure to the International YAP convenor.

Date : .....

Signature of parents : .....

Signature of Participant : .....