

**Forms attached:** *Application for Sponsor Visit, Assumption of Risks and Release of Liability*

Our Child Safety Policy further dictates aspects of a visit to the country office. Please carefully read our Child Safety Policy statement below.

**Save the Children's Commitment to Child Safety**

Save the Children is deeply committed to conducting its programs in a manner that is safe for the children we serve and to facilitating the protection of all the children with whom Save the Children is in contact. As a humanitarian agency, Save the Children is obliged to create and maintain environments that aim to prevent any manner of exploitation or abuse of children. We are sure that you take the safety and wellbeing of children as seriously as we do and hope that you will help us to ensure that all of our child safety policies and procedures are respected.

Consistent with our commitment to protecting children, we monitor letters and packages sent to sponsored children. For the same reason we do not allow sponsors and children to exchange contact information, but rather ask that you send all correspondence to our Field Office. Please note that correspondence is only available for one-to-one child sponsors. We also require that, should any sponsor visit a sponsored child, impact area or community, Save the Children headquarters and the local Field Office must be notified in advance so that all proper procedures can be followed. Under no circumstances should a sponsor visit a child, program or community unannounced. As you can understand, we take any breach of these policies very seriously and, in the unfortunate circumstance that this should occur, we will end the sponsorship relationship. We expect that you will join us in helping to protect the children and families in need in our sponsorship communities through these policies. For more information please visit our website at [www.savethechildren.org/childsafety](http://www.savethechildren.org/childsafety) or contact us at 800-728-3843 or [supportercare@savechildren.org](mailto:supportercare@savechildren.org).



**Save the Children®**

## APPLICATION FOR SPONSOR VISIT

**Each person** visiting the sponsorship area must fill out this form and return to Save the Children at least 60 days prior to the planned visit dates. *If more than one person is traveling, please make copies of all forms in the Sponsor Visit packet for each traveler or request additional copies from our Donor Services Department as necessary.*

Please return the forms, in the enclosed postage-paid envelope, to Sponsorship Services, Save the Children, 501 Kings Highway East, Suite 400, Fairfield, CT 06825.

Sponsor/Traveler Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

If you are not the sponsor, please state your relationship to the sponsor: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email Address (important for the Country Office): \_\_\_\_\_

***Please provide us with the dates you propose for visiting our country office or programs. Note that these dates MUST be at least 60 days past the date you are filling out this form and the length of your visit can not exceed 2 days. Visits are limited to regular business days and hours (Country Office specific).***

Proposed Arrival Date \_\_\_\_\_ Proposed Departure Date: \_\_\_\_\_

### Emergency Contact Information:

Name: \_\_\_\_\_ Relationship to Sponsor/Traveler: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number (home): \_\_\_\_\_ Alternative #: \_\_\_\_\_

During my visit I would like to (check all that apply):

- ☐ Visit my sponsored child (or sponsored child of the donor)
- ☐ Tour some projects and see Save the Children programs in action.
- ☐ Meet with the Country Director and/or other program staff.

Application Checklist (please check whether you have included the following):

- ☐ Assumption of Risk ☐ Authorization for Background Check
- ☐ Recommended donation to cover costs ☐ Itinerary for travel (if you have one)

Please advise us of any particular expectations you have for your visit or special needs accommodations required so they may be considered by our country office staff.

### Limitation of Liability Statement:

Please remember that transport, accommodations, restaurants, and other services which you may purchase or arrange for (except transport that we agree to provide in-country) are provided by independent suppliers who are not affiliated with Save the Children in any way. Save the Children has no right to control their operations and therefore Save the Children and its own agents and employees shall not be liable for any delay, mishap, inconvenience, expense, irregularity, bodily injury or death to person, or loss or damage to property occasioned through the conduct or default of service of any unrelated company or individual engaged in providing services. Visitors are responsible for selecting a trip appropriate to their abilities, health and interests. We are happy to discuss any trip with you, and, if applicable, provide you with names of past participants who can describe their experience with us. Visitors are responsible for preparing for their trip by studying their itinerary, obtaining travel health and safety information from reliable travel resources such as the Center for Disease Control or the US Department of State, reviewing this Visitor Handout and/or the information provided by others with whom you have contracted. Visitors are solely responsible for bringing the appropriate clothing and/or equipment, medicines, and other personal items

**RETURN PLEASE THE ORIGINAL COMPLETED FORMS TO SPONSORSHIP SERVICES, SAVE THE CHILDREN, 501 KINGS HIGHWAY EAST, SUITE 400, FAIRFIELD, CT 06825.**

**Visitor**  
**Assumption of Risk, Release of Liability**  
**and**  
**Acknowledgment of Obligations**

Visitor Name: \_\_\_\_\_

Visitor Address \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ E-mail: \_\_\_\_\_

Save the Children CO and Programs to be Visited: \_\_\_\_\_

Start Date of Trip: \_\_\_\_\_ End Date of Trip: \_\_\_\_\_

**1. ASSUMPTION OF RISK**

By signing this document below, I acknowledge that I voluntarily seek the above described visit with the knowledge that the visit may involve risks and dangers including, but not limited to: civil unrest; terrorism; roads, trails, hotels, vehicles, boats or other means of conveyance which are not operated nor maintained to standards common in the United States; high altitude; accident or illness without access to means of rapid evacuation or availability of medical supplies; the adequacy of medical attention once provided; consumption of alcoholic beverages; forces of nature; accident or injury; theft or loss of property or property damage; and physical exertion for which I am not prepared.

**I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS, INCLUDING, BUT NOT LIMITED TO, RISKS ARISING FROM UNANTICIPATED EVENTS, DELAY, PROPERTY LOSS OR DAMAGE, ILLNESS, INJURY, OR THE NEGLIGENT ACTS OR OMISSIONS OF SAVE THE CHILDREN.**

I understand that I will not be paid for my visit.

**2. RELEASE OF LIABILITY:**

As consideration for being permitted to visit, I hereby **RELEASE AND DISCHARGE SAVE THE CHILDREN AND ITS AGENTS AND EMPLOYEES FROM AND AGAINST ANY AND ALL LIABILITY ARISING FROM MY VISIT.**

I agree this release shall be legally binding upon myself, all minors under the age of 21 traveling with me, my heirs, successors, assigns, and legal representatives; it being my intention to fully assume all risk of the visit and to release Save the Children from any and all liabilities including, but not limited to, those arising from the negligent acts or omissions of Save the Children, to the maximum extent permitted by law.

**3. ACKNOWLEDGMENT OF OBLIGATIONS TO COMPLY WITH SAVE THE CHILDREN POLICIES, PRINCIPLES, PRACTICES AND PROCEDURES**

As a condition to my being provided permission and access to visit Save the Children and its programs, I agree that I am subject to and will comply with Save the Children's policies, practices, rules and procedures applicable to Save the Children's employees and program partners.

I agree that I am subject to and will comply will comply with Save the Children's Child Safety Policy (a copy of which has been received by me) and the applicable standards and protocols of interaction with program beneficiaries to ensure their dignity, privacy and confidentiality.

I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

I have carefully read and understand the contents and legal ramifications of this agreement, as well as the conditions set forth in the Child Safety Policy and the information "Limitation of Liability" portion of the Country Office/Program Description (if applicable), and understand the conditions of engaging in the Sponsor Visit. I intend that this agreement be legally binding and enforceable.

**VISITOR'S SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

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If Sponsor is under the age of 21, a Parent or Guardian must also sign.

*By my signature below, I acknowledge that I have read and understood all of the statements; certify that I am the parent or legal guardian of the above-named minor child; and on behalf of the above-named minor child permit my child to visit Save the Children Federation, Inc., as indicated, and assume all risks and waive all liabilities set forth above.*

**SIGNATURE OF PARENT/LEGAL GUARDIAN:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

Printed Name of Parent/Legal Guardian: \_\_\_\_\_

Address (*if different from Visitor*): \_\_\_\_\_