



COUNSELOR CONSENT AND RELEASE FORM
April 16, 1999

I _____, (please print) do hereby consent to participate in this program and agree to travel under the direction and control of the ULSTER PROJECT-ARLINGTON, according to the requirements set up by the organization.

I hereby authorize the ULSTER PROJECT-ARLINGTON, it's committee members, counselors and/or its' host parents:

1. To represent me before any medical institution where it may be necessary to send me for medical care while under the authority and supervision of the ULSTER PROJECT-ARLINGTON.
2. To authorize on my behalf, any medical care that I might need or might appear to need; such authorization is given with the understanding that I, the undersigned, incur and adopt all liability for expenditure relating to the foregoing medical care and hereby release the ULSTER PROJECT-ARLINGTON from such liability and expenditures.

In consideration of the foregoing I, the undersigned, hereby release the ULSTER PROJECT-ARLINGTON, its' successors and/or assigns, and its' host families to the full extend permitted by law from any and all liability for which the ULSTER PROJECT-ARLINGTON or its' representative may become liable or answerable by reason of my participation in the ULSTER PROJECT-ARLINGTON. Further, I agree not to bring or enforce any claims for damages or expenses against the ULSTER PROJECT-ARLINGTON, which may arise by reason of my participation in the ULSTER PROJECT-ARLINGTON and activities relating thereto.

Date _____

Counselors Name _____ Signature _____

Daytime phone: _____ Night time phone: _____

Mobile phone: _____ Pager _____

Emergency contact: _____ Relationship _____

Emergency Number: _____

| Acknowledged before me this _____ day of _____, _____.

Notary Public, State of Texas
County of _____

(SEAL)

Print Name of Notary Public