

**U.S.-Philippines Research Experience for Undergraduates  
Department of Biological Sciences  
Old Dominion University**

**Travel Release**

Participant Name \_\_\_\_\_

In consideration of being given the opportunity to participate in the U.S.-Philippines Research Experience for Undergraduates (REU) Program (“the Program”), I/we, as parent(s)/guardian(s) of the above-named participant:

1. **ACKNOWLEDGE**, agree, and represent that I/we have read the Program description of planned activities in the Philippines.
2. **FULLY UNDERSTAND** that: (a) travel outside the United States carries with it inherent risks; (b) international travel is required to participate in the Program; and (c) stops and/or layovers in third countries may be included in the above-named participant’s travel itinerary to the Philippines, and during his/her return journey
3. **HEREBY RELEASE** and give my/our permission for the above-named participant to travel to the Philippines for the purpose of participation in the Program

If the participant is under twenty-one (21) years of age, a parent or legal guardian through signature below must release and give permission for travel under the Program.

\_\_\_\_\_  
Parent’s/Guardian’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent’s/Guardian’s Name (printed)