

Certificate of accident and health insurance

To Hermosa Beach Sister City Association (HBSCA):

This will certify that (student name) _____
is currently protected by adequate Accident and Health Insurance for the
Cultural Student Exchange Program trip to Loreto, Mexico. I understand that
although the HBSCA will make all travel arrangements and will closely supervise
he exchange students en route, nevertheless my child will make the trip at
his/her own risk and I will hold the HBSCA and its representatives blameless in
the case of sickness, accident, injury, death, or financial loss of any kind.

I have attached a copy of the applicable insurance card (front & back): _____
(initial)

Name of insurance company: _____

Policy Number: _____

Phone number: _____

Signature of Parent/Guardian: _____

Date: _____