



CEI 2025 Mexico June 29th to July 5th, 2025

Consent Forms

Participant's Name: _____

State/Province, Country: _____

Destination Country: _____

Date of Birth: _____ Passport Number: _____

1. International Travel Authorization

I, (Name of the parent) _____ hereby grant permission for my child to travel to Mexico to attend and participate in the 2025 Caretakers of the Environment International Conference in Mexico City, Mexico.

I hereby confirm that I fully understand that during the travel dates, my child will be under the supervision of the delegation leaders.

2. Medical Release Form / Acknowledgement of Risk and Waiver of Liability

_____ (Name of child) has permission to participate in activities and field trips carried out during the 2025 CEI Conference, Mexico.

I also acknowledge there are inherent risks involved in any activity or field trip. I understand that neither CEI Mexico, Instituto Escuela S.C. y Libre Enseñanza A.C. are responsible for the formal organization of activities and field trips but assume no liability for their implementation. In consideration of my child participating in this CEI Conference, consent is given for emergency medical treatment, hospitalization or other medical treatment by a physician and/or hospital in the event of injury or illness and waive any liability of CEI Mexico, Instituto Escuela S.C. or Libre Enseñanza A.C. arising out of such medical treatment. My child has permission to ride buses to and from any location and I acknowledge there may be risks involved in riding the bus.



3. Media Release Form

I _____, hereby grant permission to my child _____ to appear in photos, video or audio recordings, films and written articles, or on conference related social media and websites for the purpose of the 39th Caretakers of the Environment International Conference, Mexico 2025 (June 29th – July 5th, 2025).

I certify that I am the parent or legal guardian of the above-named participant. On behalf of myself and my spouse, partner, co-guardian or any other person who claims the participant as a dependent, I have read the above agreements, I understand the contents of the Consent Forms, assent to their terms and conditions, and sign the Consent Forms of my own free act. I acknowledge that my dependent and I have agreed to the terms and conditions of my dependent's participation in the 2025 CEI Conference, and I hereby give my consent to participation. I further agree to hold harmless, indemnify and defend CEI Mexico, Instituto Escuela S.C. or Libre Enseñanza A.C. from and against all claims, demands or suits that my dependent has or may have.

The application process is only complete after full acknowledgement of the abovementioned conditions.

Parent's Name and Signature /Guardian

Date



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Health Form

Participant's Name: _____
(First) (Last)

Address: _____
(Street Address)

(City) (State) (Zip Code)

Participant is: + 18 -18 Male Female Date of Birth: _____

Emergency Contact: _____
(Name) (Relationship)

(Daytime phone) (Evening phone)

(Other)

Health Statement (to be completed by parents)

Does the participant have any dietary restrictions? If yes, please describe:	Yes	No
Does the participant have any allergies? If yes, please describe:	Yes	No
Name of all medications:		
Name and phone number of physician:		

Parent's Name and Signature /Guardian

Date