



Homestay Minor Agreement

In order for a minor (under 18 years of age) to be placed in an ABODE homestay, the following agreement must be signed by the hosts, the student, and his or her parents (in addition to the Homestay Agreement signed by the homestay guest and submitted with the initial homestay application).

Medical release: In case of emergency, the homestay guest may need an adult to make decisions regarding medical care. The attached medical release form authorizes the host parent(s) and the Director of ABODE Homestays, Inc, Ryoko Nabeshima, to give appropriate consent to medical professionals as deemed necessary.

Financial: While in homestay, the homestay guest will be expected to be responsible for all financial commitments such as monthly rent, telephone expenses, medical expenses and damages. If there is any financial dispute, the homestay guest's parents will be contacted and expected to pay for any costs incurred by their son/daughter, as mediated by ABODE Homestays, Inc. Neither the host nor ABODE is required to be a co-signer for any accounts that the homestay guest is opening which includes bank, telephone, Internet and cell phone accounts.

Parents' Contact Information: The homestay guest's parents must provide their contact information (home phone, email address, and/or fax number) so that ABODE or the host can contact them directly about certain issues. If the homestay guest has any local emergency contact, the information must be provided as well.

Behavior: The homestay guest will be expected to behave responsibly, using good judgment and consideration for others. **Please note the hosts are neither "acting parents" nor legal guardians of the homestay guest.**

At the beginning of the stay, the host and homestay guest must sit down and negotiate specific rules regarding daily life, including but not limited to the following:

- Having friends over, going to friends' houses
- Returning home after school
- Weekend activities and curfew
- Smoking and drinking
- Personal care such as hygiene, laundry and food
- Driving, taking the bus, asking for rides
- Personal safety
- Household chores

The host and homestay guest will list the agreed-upon rules and sign them, then send a copy to ABODE and to the homestay guest's parents. While these rules are not meant to be restrictive or burdensome on the homestay guest or the host, they should be clear enough to avoid misunderstanding.

Termination of the Contract: In the event that a homestay guest is not abiding by the rules, the host will contact ABODE and appropriate steps will be taken, including meeting with the homestay guest, contacting the parents, and moving the homestay guest if necessary. **ABODE cannot guarantee that a homestay guest will be moved to a new host family if the homestay guest has not complied with the rules as agreed upon.** In this case, ABODE or the host will ask the homestay guest's parents to find alternative housing arrangement according to our 2 weeks' notice policy.

Liability release: The homestay host and ABODE Homestays, Inc agree to make every reasonable, appropriate effort for the homestay guest's care and safety. The homestay guest and the parents understand that neither the homestay host nor ABODE Homestays, Inc can be held liable in case of injury or damages.

Homestay guest's (student) signature: _____

Date: _____

Parent's signature: _____

Date: _____

Host's signature: _____

Date: _____



ABODE
An American Homestay Experience

**Authorization for Medical Care
and Treatment
of Homestay Guests Under Age 18**

If a homestay guest is under the age of 18, hospitals and physicians sometimes require the written consent of natural parents or legal guardians before medical services can be given. In order to meet the possible and unexpected needs of your son or daughter, please read and complete the following information below, and return it to ABODE. This will facilitate medical treatment not only in an emergency, but also in situations deemed necessary by the homestay guest and the his or her host parents.

I hereby authorize medical treatment to be given to my son or daughter by a licensed physician or hospital in the event it is determined to be necessary to preserve life, health, and well-being. I authorize the ABODE host family listed below and ABODE Director Ryoko Nabeshima to act on my behalf with regard to medical decisions for my son or daughter. I do understand and agree that I am still financially responsible for my child's medical expenses.

Parent's signature: _____

Parent's printed name: _____

Address: _____

Phone number: _____

Date: _____

Child's printed name _____

Host parent's name _____