

Please submit by February 15, 2018.

Fax: 401-272-4458 Email: [exchanges-scholars@societyofthecincinnati.org](mailto:exchanges-scholars@societyofthecincinnati.org)



## *French & American Family Exchange Application 2018*

Member Name: \_\_\_\_\_

*Full name, and state society affiliation*

Member's Wife's Name: \_\_\_\_\_

Child Applicant's Full Name: \_\_\_\_\_

*Relationship to member.* \_\_\_\_\_

Address of Member Family: \_\_\_\_\_

\_\_\_\_\_

Member Contact Info. Home number: \_\_\_\_\_ Cell number : \_\_\_\_\_

E-mail : \_\_\_\_\_

Child's Birthdate: \_\_\_\_\_

Extracurricular activities of interest to child (*movies, music, theatre, history, science, etc.*) \_\_\_\_\_

\_\_\_\_\_

Sport interests of the child: \_\_\_\_\_

\_\_\_\_\_

Proposed dates of travel to France: \_\_\_\_\_

Proposed hosting dates for U.S. family: \_\_\_\_\_

Knowledge of the French language: (*circle one in each column*)

Family Members:

Beginner

Intermediate

Advanced

Applicant Child:

Beginner

Intermediate

Advanced

### EXONERATION CLAUSE

The Society of the Cincinnati assumes no liability for any expense, injury, accident or loss, including but not limited to property damage or loss, bodily injury or loss of life, associated with participation in the Family Exchange Program, including but not limited to expenses incurred as a result of delays, illness, hospitalization, natural disaster, inclement weather, strike, quarantine, war, acts of terrorism, or for any other cause. The custodial parents or legal guardians of minors participating in the program assume all such liabilities, and release the Society of the Cincinnati (an unincorporated association), the Society of the Cincinnati (a District of Columbia corporation), La Société des Cincinnati de France and the other constituent societies of the Cincinnati, their officers, officials, directors, employees and agents, individually and collectively, from all claims arising out of participation in the Family Exchange Program, whether resulting from acts of omission or commission or from any other cause whatsoever.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_