



**HOMESTAY WAIVER FORM**  
**SOOKE SCHOOL DISTRICT INTERNATIONAL STUDENT PROGRAM**

*(only sign if NOT using the Sooke School District Homestay Program)*

I/we, the parents/ guardians of \_\_\_\_\_, wish to make our own arrangements for the homestay placement of my/our child.

I/we understand that the homestay family I/we have selected for our child should meet the requirements of the Sooke School District homestay program and that the supervising adults be a minimum of 25 years old. I/we will require the adult members of the family to complete a criminal records search at their own expense. I/we understand that this must be done prior to my child residing with the family. In the event that the results of the search indicate that there may be reason to believe there is a criminal record, the district must be notified. I/we understand that should there be evidence of a criminal record; the district may refuse to register my/our child if he/she resides in this home.

I/we understand that the Sooke School District will have no role in assessing or monitoring the suitability of the homestay family we have chosen or the accommodation that they may offer to our child.

I/we agree to absolve the Sooke School District of any liability for any injury, loss, damage, or expense that I/we or our child may incur or suffer and I/we will hold the Sooke School District harmless from any and all costs which the Sooke School District may incur as a result of my/our child being placed in a homestay placement that I/we have arranged.

I/we will make our own arrangements for legal custodianship of my/our child while in Canada, and will submit the original notarized custodial documentation to the Sooke School District in a form acceptable to the School District.

I/we have read this agreement and fully agree to its terms and conditions.

\_\_\_\_\_  
Name of Parent/Guardian (print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent/Guardian (print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Witness (print)  
(Person over the age of 19)

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date