

**Tulsa-Celle-Partnership
Acceptance of Responsibilities**

Form #4

I _____, understand that visiting foreigners are not covered by the German Medical Program, and that before my departure I must purchase international medical insurance for the duration of my trip.

I understand that I will not be allowed to participate in the Celle Exchange Program until I have given the Partnership a copy of my proof of international medical insurance.

As a representative of the Tulsa-Celle-Partnership during my stay in Celle, Germany, I recognize and accept the responsibility of conducting myself appropriately at all times. I understand that German driving laws and laws relating to alcohol consumption are different from those in the United States. I will consult with local authorities and my host family before engaging in either of these activities, and agree to adhere to German laws.

I further understand that any behavior that is unacceptable to my hosts will - after prior warning and review by the Deutsch-Amerikanische-Gesellschaft of Celle - result in the immediate termination of the exchange and my having to return to the USA at my own expense.

Signature of Student

Signature of parent/guardian if applicant is younger than eighteen at time of application.

State of _____ County of _____

Sworn to before me this _____ day of _____ 20____

My Commission expires _____

Seal/signature of Notary