

**San Francisco-Osaka Sister City Association**  
**2025 High School Student Ambassador Program**

**Consent of Parent or Legal Guardian for the Applicant**

*- Please have your child read and sign as well -*

I, the parent or legal guardian of \_\_\_\_\_, hereby consent to his/her entry and participation in the San Francisco-Osaka Sister City Association's ("Association") High School Student Ambassador Program. I grant permission to the Association to use my child's name, background, and photo for media publicity purposes without compensation. I further understand that the round-trip tickets to Osaka, Japan, will be provided for my child by the Association prior to the trip.

As my child will be living with host families, she/he will have no living expenses. My child will accept the generosity and hospitality extended by each volunteering host family with graciousness and respect, and will not expect or demand any other obligations, financial or otherwise, outside of providing lodging and meals for my child during the duration of his/her stay. As a student ambassador to Japan, my child will attend all functions and events planned for them by the members of SOYNET (San Francisco Osaka Youth Connect) and host families during his/her stay.

Furthermore, upon my child's return to San Francisco, my family will (1) reciprocate Osaka people's generosity and agree to host an exchange student from Osaka at my house or take him/her on a day of activities in San Francisco, depending on my family's availability; and (2) be awarded free membership to the Association for one year and will actively participate in programs to promote friendship and goodwill between the peoples of San Francisco and Osaka.

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Student's Signature

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

Parent/Guardian's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Parent's Email address: \_\_\_\_\_