

RELEASE AND AUTHORIZATION FORM

East Central University

Location _____

STUDY ABROAD TOUR

INCLUSIVE DATES

Dates _____

As a participant in the above culture tour, I voluntarily and without reservation and on behalf of myself, my heirs and my estate, waive any and all claims of whatever nature for any injury, loss, damage, accident, delay, irregularity or expense arising from the use of any vehicle or services, strikes, war, weather, sickness, quarantine, government restrictions or regulations, or from any act of omission of any airline, bus, transportation, sight-seeing, hotel, or any other service or transportation company, firm, individual or agency, or for any cause whatever in connection therewith against the Board of Regents of East Central University and its employees and agents including any staff member accompanying this program and their heirs or their estate.

I also grant the study tour program or any of its supervisors, officers or agents full authority to take whatever action is deemed warranted by any of them under the circumstances, regarding my health and safety. This authority gives full permission to the tour supervisors, officers or agents, at their discretion, to place me in a hospital at any point, at my own expense, for medical services and for treatment or, if no suitable facility is available, to place me under the care of a local medical practitioner for treatment. The tour supervisors, officers and agents are further authorized to fly me back to the United States at my own (or my parents') expense for medical treatment if this is deemed by them, in consultation with local medical authorities, to be necessary.

I acknowledge and agree that this is a supervised program. The tour reserves the right to terminate my further participation in the program if it deems my conduct detrimental or incompatible with the interests, harmony, comfort or welfare of the program as a whole. If my further participation is terminated, I understand that only funds not actually committed will be refunded.

I agree that the tour reserves the right to make cancellations, changes or substitutions in emergencies or changed conditions in the interest of the group; to alter the cost prior to departure in order to meet unexpected changes in airline fares, lodging rates, group transportation, etc., or because of changes in international currency valuation. The announced fee, schedule and rates are understood to be based on information available at the time the tour plans are made and are subject to change.

Any reference to the above designated tour includes the Board of Regents of East Central University under whose general authority this program is being conducted. I have read the appended schedule of payment deadline dates and cancellation fees and understood my obligations if I withdraw from the program before the departure date.

Signature of Participant

Date

Signature of Parent or Guardian
(if a participant is under 18 years of age)

Witness