AIFS Foundation Registration Form

Young Women's Leadership Trek: South Africa 2020

Students and parent/guardian are asked to sign the application agreeing that this will comprise the agreement between The AIFS Foundation and its students and parents.

Personal Information

Print all of your names exactly as they appear on your passport and/or birth certificate.

PARTICIPANT

Last Name _____

First Name _____ Middle Name _____

Address _____

City _____ State _____ Zip _____

Home Telephone _____ Participant Cell _____

Date of Birth _____ Sex ☐ M ☐ F
MM/DD/YYY

Participant Email _____

Are you a U.S. citizen? ☐ Yes ☐ No _____ Do you have a U.S. Passport? ☐ Yes ☐ No

PARENT/GUARDIAN

Name _____ Relationship _____

Email _____ Phone _____

☐ Home Phone _____ ☐ Cell Phone _____

Please check best to call

Emergency Contact Info

Required for all participants. ☐ Same As Above

First Name _____ Last Name _____

Relationship _____

Address _____

City _____ State _____ Zip _____

Telephone _____ ☐ Cell ☐ Home ☐ Work

Housing and Medical Information

Do you have a special diet, e.g., vegetarian or allergies to certain foods? ☐ Yes ☐ No

If yes, please specify: _____

Do you have allergies or chronic ailments of which our Group Leader should be aware? ☐ Yes ☐ No

If yes, please describe: _____

Are you receiving medication or any other treatment for any physical or mental condition? ☐ Yes ☐ No

If yes, please specify: _____

Do you have any special needs which would make it difficult for you to climb stairs or walk long distances? ☐ Yes ☐ No

If yes, please specify: _____

Payment Information

To reserve a space on the program $400is due with the application ($100 application fee and $300 deposit.) The $300 deposit is refunded only if your application cannot be accepted. Students should apply by March 15, 2020.

The balance of the program fee is due on or before April 1, 2020. Please inform the AIFS Foundation staff in writing of any change of address.

Method of Payment

☐ Credit Card/EFT

Online Payments can be made via credit card or EFT at www.tobedetermined.com/payments

☐ Check Enclosed

Checks should be made payable to the AIFS Foundation. Please read and sign the release and agreement on the next page.

PHOTOS

Please attach two recent passport photographs with your name and program on the back of each. These are needed for identification purposes overseas.

If you do not have them available at this time, do not delay in submitting your application. You can scan and send seperately to: Mfrench@aifs.org. Please include the first name, last name and location in the subject line.

Agreement & Release

Students and parent/guardian are asked to sign the application agreeing that this will comprise the agreement between The AIFS Foundation and its students and parents.

I, the undersigned (and my parents or guardian if I am a minor), an applicant for a program of the American Institute For Foreign Study Foundation®, Inc. ("the Foundation"), acknowledge that I have read and accept the terms and conditions set forth in the SALT Brochure, which are incorporated in this agreement. This agreement is a legally binding contract.

1. I unconditionally release the Foundation from any claims for damage, injury, loss, or expense of any nature resulting from events beyond its control, including without limitation acts of God, war, strikes, crime, terrorism, sickness or quarantine, government restrictions or regulations. This release also applies to any losses arising from the use of any vehicle or from the selection of, or from any act or omission by, any host family, bus or car rental agency, steamship, airline, railroad, taxi or tour service, hotel service, hotel restaurant, school, university or other firm, agency, company or individual, unless the loss is caused by the gross negligence of the Foundation.

2. I understand that I am responsible for exercising caution and common sense at all times to avoid injuries.

3. I agree that if I become ill or incapacitated, the Foundation may take such actions as it considers necessary under the circumstances, including securing medical treatment for me and transporting me to the United States. I release the Foundation from any liability relating to this medical care. I also authorize the Foundation to take whatever action it deems to be necessary and in my best interest (including transporting me out of the host country or back to the United States, at my own, or my parents' expense) in the event of political unrest or any other unforeseen event or condition. If the Foundation incurs any expense on my behalf that is not covered by insurance, I (and my parents) agree to make immediate repayment upon my return.

4. I will comply with the Foundation's rules, standards and instructions, and understand that failure to do so may result in being sent home at my (or my parents') expense, with no refund. I understand that my participation may be terminated if I am expelled from school or otherwise disciplined by school or civil authorities, or if the Foundation, in its sole discretion, determines that my conduct is incompatible with the interests, harmony, comfort or welfare of other students. I (and my parents) agree to indemnify the Foundation if I do anything that causes the Foundation to sustain financial loss or liability.

5. I understand that the Foundation provides insurance coverage for my benefit while in the program, including limited health, accident, accidental death and baggage refund insurance. I acknowledge that it is my responsibility to understand the limitations of this coverage and agree that the Foundation is not responsible for any uninsured losses.

6. I understand that future Foundation publicity material may include statements made by participants or their photographs, and I consent to such use of my comments or photographs of me.

7. I understand that the Foundation reserves the right to make changes, cancellations, or substitutions in cases of emergency or changed conditions, or based upon the interest of the group. I understand that, if I leave the program, there will be no refund of fees.

8. I understand that obtaining a passport and any other required travel documents is my sole responsibility.

9. If I am not a citizen of the United States, I understand and accept that it is my responsibility to obtain all visas and required documents as a result of my not being a United States citizen in order to enter all the countries on my itinerary and participate in the Foundation program. Further, (whether I am a U.S. citizen or not) I shall hold the Foundation harmless in the event I cannot obtain the necessary documents for participation in the program.

10. I understand that the inability to obtain these visas and other documents does not constitute grounds for withdrawal with refund.

11. This agreement will be effective when my application is accepted by the Foundation and shall be governed by the laws of the State of Connecticut.

12. This agreement cannot be modified except in writing by the Foundation.

13. I agree that any dispute with the Foundation that is not settled informally will be submitted to binding arbitration, to be conducted in substantial accordance with the rules of the American Arbitration Association. The location of the arbitration and identity of the arbitrator will be decided by mutual agreement, with the costs to be shared equally between the parties, and the decision of the arbitrator shall be final. By signing this agreement, I understand that I am giving up my right to have any claim against the Foundation decided in Court before a judge or jury.

14. References in this agreement to "the Foundation" shall include the American Institute For Foreign Study, Foundation., and all of its agents, employees, affiliated companies, campus directors, chaperones, group leaders, teachers, host school and school officials. All references to "parents" of the applicant shall include the legal guardian or other adult who is responsible for the applicant.

Signature

Participant

I have read the attached Terms and Conditions and the Release and agree to be bound thereby, and agree to be responsible for all amounts owed to the AIFS Foundation. I am in good physical and mental health and am able to travel without special medical supervision or special counseling.

Signature _____ Print Name _____ Date _____

Parent/Guardian

All registrants under 21 years of age must have the following section completed: I am the parent/legal guardian of the above minor registrant. I have read the Terms and Conditions and the Release, and agree to be bound thereby, and agree to be responsible for all amounts owed to the AIFS Foundation by the minor and any other actions by the minor on the trip. I hereby consent to the above minor registrant's participation in all activities organized and/or provided by the AIFS Foundation. I hereby assume all risks of loss and injury that may be incurred, directly or indirectly, as a result of any such participation and authorize the AIFS Foundation. to arrange for professional care/treatment in case of an emergency.

Signature _____ Print Name _____ Date _____