

Agreement

(To be read and signed by all participants.)

(To be read and signed by BOTH parent/guardian and student.)

I, the undersigned, and applicant for a study and travel program of GLOBAL ENDEAVORS INC. in addition to the participating school and teachers(s)/chaperone(s):

Adult Applicant Name _____

Student Applicant Name _____

In consideration of the applicant participating in such a program the undersigned does hereby waive and release all claims, demands or causes of action against GLOBAL ENDEAVORS INC. (hereinafter called ENDEAVORS) in addition to the participating school and teacher(s)/ chaperone (s) and their agents and applicants for any injury, loss, damage, accident delay or expenses incurred during travel and stay, including injury resulting from the use of any vehicle, weather, sickness, Terrorist Attack, quarantine, government restrictions or regulations arising from any act or omission of any airline, railroad, bus company, hotel, cruise line, or individual. The undersigned does also release ENDEAVORS in addition to the participating school and teacher(s)/ chaperone(s) their agents and employees and agrees to indemnify them, with the regard to any financial obligations or liabilities that the undersigned may personally incur, or any damage or injury to the person or property of applicant, of others, that the undersigned may cause, while participating in the ENDEAVORS program. No responsibility is assumed by ENDEAVORS in addition to the participating school and teacher(s)/ chaperone(s), their agents, or employees for the loss of airline tickets, travel documents, or damage to any personal property or for consequential damages.

The undersigned hereby grants ENDEAVORS in addition to the participating school and teacher(s)/ chaperone(s), their agents, and employees full authority to take such actions they may consider to be appropriate under the circumstances regarding the health and safety of the undersigned, and the undersigned does hereby release each of them from any liability for such decisions or actions as may be taken in connection therewith. the undersigned authorizes ENDEAVORS in addition to the participating school and teacher(s)/ chaperone(s), their agents, and their employees, at their discretion, to place the undersigned at his or her own expense (or their parents) in a hospital within or outside the United States, for medical services and treatment, or, if no hospital is readily available, to place the undersigned in the hands of a local medical doctor for treatment. If deemed necessary or appropriate by ENDEAVORS in addition to the participating school and teacher(s)/ chaperone(s), their agents, or employees, the undersigned authorizes them to transport the undersigned to his or her home by commercial airline at the undersigned's own expense (or their parents). The undersigned also understands that HEALTH/ACCIDENT/TRIP-CANCELLATION insurance is available and may be purchased at the sole expense of the applicant (or their parents).

The undersigned acknowledges that this is a supervised program and that group standards must be observed. The undersigned will at all times remain under the supervision of ENDEAVORS in addition to the participating school and teacher(s)/ chaperone(s) and their agents, and will comply with ENDEAVORS rules, standards, and instructions for student behavior. The undersigned hereby waives and releases all claims against ENDEAVORS in addition to the participating school and teacher(s)/ chaperone(s) and their agents arising out of failure to remain under such supervision or to comply with such rules, standards and instructions. The undersigned agrees that ENDEAVORS shall have the right to enforce and set appropriate standards of conduct and that it may at anytime terminate applicants participation in the ENDEAVORS program if ENDEAVORS considers the applicants conduct or behavior to be incompatible with their interest, harmony, comfort and welfare of other students. If the applicant participation is terminated, applicant consents to being sent home, without refund, at applicant's expense (or their parents). Subject to review by ENDEAVORS or their agents, and employees. The undersigned agrees to accept in good faith the instruction of ENDEAVORS in addition to the participating school and teacher(s)/ chaperone(s) or their agents and employees in all matters relating to the ENDEAVORS program and the personal conduct of program participants.

Any film or video likeness taken of applicant while participating in an ENDEAVORS program and any of my comments or statements may be used in future materials published by ENDEAVORS.

The undersigned certifies having read the terms and conditions of this agreement and understands that this agreement will be effective only upon the applicant's acceptance by ENDEAVORS as a participant in one of the programs.

CANCELLATION/REFUND POLICY

GE makes substantial advance deposits to airlines, hotels, and bus companies. Because these deposits are non-refundable to ENDEAVORS program participants canceling their trips are subject to the following terms and conditions:

- (1.) IF APPLICANT CANCELS 180 DAYS OR MORE BEFORE DEPARTURE GLOBAL ENDEAVORS REFUNDS ALL PAYMENTS LESS THE \$ 150 NON-REFUNDABLE DEPOSIT.
- (2.) IF APPLICANT CANCELS 60-179 BEFORE DEPARTURE GLOBAL ENDEAVORS REFUNDS ALL PAYMENTS LESS \$ 250.
- (3.) IF APPLICANT CANCELS 30-59 DAYS BEFORE DEPARTURE. GLOBAL ENDEAVORS REFUNDS ALL PAYMENTS LESS \$ 375.
- (4.) IF APPLICANT CANCELS 0-29 DAYS BEFORE DEPARTURE. NO REFUND IS GIVEN.

All cancellations must be made in writing, postmarked, and mailed to Global Endeavors P.O. Box 22010 Lake Buena Vista, FL 32830. A \$30 service fee will be added for any returned check.

Any disputes shall be governed by Florida law and are subject to exclusive jurisdiction and venue in Orange County, FL.

In submitting this application and signing below for the GLOBAL ENDEAVORS program, we state that we have read and understand the policies stated above and accept its terms and conditions.

Signature of applicant

Date

Signature of Parent or Guardian

Date

Application

PART 1: PERSONAL DATA (Please Print Clearly)

YOUR NAME _____
Last Name First Name Middle Initial

HOME ADDRESS _____
Street & Number

City/Town State Zip Code

TELEPHONE HOME (_____) _____ WORK (_____) _____
Area Code Number Area Code Number

YOUR STATUS (circle one): Student Group Leader Accompanying Teacher Accompanying Adult

AGE _____ GRADE LEVEL _____ DATE OF BIRTH _____ / _____ / _____ SEX • M • F
Month Day Year

PARENT OR GUARDIAN NAME _____

ADDRESS _____
Street & Number

City/Town State Zip Code

TELEPHONE HOME (_____) _____ WORK (_____) _____
Area Code Number Area Code Number

E-MAIL ADDRESS: _____ NAME OF SCHOOL/GROUP: **New Milford High School Band**

NAME OF GROUP LEADER: **Mr. Syzdek** EXPECTED DATE OF TRAVEL: **April 26, 2012-April 29, 2012** DESTINATION: **Virginia Beach, VA**

PART II: FINANCIAL INFORMATION

A Non-Refundable program deposit of \$ 150.00 per participant must accompany this application. This is due to Mr. Syzdek by DECEMBER 9, 2011. Please make check payable to GLOBAL ENDEAVORS.

A payment schedule will be created and you will be notified. The balance must be received no later than 45 days prior to departure or you will be canceled from the program.

AMOUNT ENCLOSED \$ _____ Check # _____ Personal Check, Cashier's check or money order, payable to: **GLOBAL ENDEAVORS.**

PART III: MEDICAL HISTORY (Note: Please know that all information in this section is confidential.)

1.) Does the applicant have any medical or emotional condition requiring special attention? YES _____ NO _____

If you respond yes to Q.1, please specify _____

2.) Does the applicant have any allergies or medical reactions we should know about? YES _____ NO _____

If you respond yes to Q.2, please specify _____

In submitting this application for the GLOBAL ENDEAVORS program, we state that we have read BOTH sides of this agreement/application and accept its terms and conditions.

Signature of applicant Date

Signature of Parent or Guardian Date

Emergency Participant Information (Mandatory for all participants)

All information provided below is kept confidential and only shared if medically deemed necessary.

PART 1: PERSONAL DATA (Please Print Clearly)

PARTICIPANT NAME _____
Last Name First Name Middle Initial

HOME ADDRESS _____
Street & Number

City/Town State Zip Code

INSURANCE (Medicaid/Etc) _____ Policy # _____ Group # _____

PLEASE ATTACH A COPY OF BOTH SIDES OF YOUR INSURANCE CARD.

IF YOU ARE CURRENTLY UNDER A DOCTORS CARE PLEASE PROVIDE HIS/HER NAME AND PHONE NUMBER

PHYSICIAN'S NAME _____ PHONE NUMBER _____

CONDITION YOU ARE BEING TREATED FOR _____

CURRENT MEDICATION _____

MEDICAL HISTORY _____

ALLERGIES (Ex. food, medication, insect stings) _____

PART 2: PARENT/GUARDIAN CONTACT INFORMATION (Enter in sequence to be contacted) Please Print Clearly

NAME _____ PHONE # _____ CELL # _____

RELATION _____ ADDRESS _____ ZIP _____

EMPLOYER _____ WORK PHONE _____

NAME _____ PHONE # _____ CELL # _____

RELATION _____ ADDRESS _____ ZIP _____

EMPLOYER _____ WORK PHONE _____

IF THE ABOVE CANNOT BE REACHED, CONTACT _____ RELATIONSHIP _____

PHONE # _____ WORK PHONE # _____ CELL # _____

PART 3: CONSENT TO BE TREATED AND MEDICAL INFORMATION TO BE RELEASED

In the event of a serious accident or illness, I hereby authorize the above named physician (If listed) or his staff to release and provide protected health information on the above named participant.

In the event of an EMERGENCY in order to expedite care I give permission for GLOBAL ENDEAVORS in addition to the participating school, teachers, chaperones and their agents including all theme parks and facilities to provide medical information to the responding emergency team to initiate treatment, and transport to an appropriate facility. I also give my permission for the appropriate medical personnel and staff to initiate treatment immediately upon arrival to the appropriate facility. I request to be notified of my child's condition and admission as soon as possible. If I cannot be reached, I request that the admitting facility notify one of the other persons listed above of my child's condition and admission. I agree to be financially responsible for my child's total treatment, and transport.

I have reviewed the above information and have made corrections as needed.

Parent/Guardian Signature _____ Date _____

THIS FORM IS EFFECTIVE FOR ONE YEAR FROM THE DATE SIGNED