

SUMMIT TOUR & TRAVEL
TRIP APPLICATION & HEALTH FORM

School/Group & Trip Sponsor: Sycamore High School Choral Program

Trip Name & Dates: Disney Trip: November 8 - 12, 2017

Participant's Name: _____

Address: _____

Phone: _____

Father/Guardian's Name: _____

Address: _____

Emergency Phone: _____

Mother/ Guardian's Name: _____

Address: _____

Emergency Phone: _____

Health Information

Medical Insurance Company: _____

Policy Number: _____ Phone: _____

Family Doctor: _____ Phone: _____

We agree that the Participant can receive non-prescription medicine during the trip if the need arises. We agree that in the event of an emergency the trip leaders may authorize emergency medical treatment for the Participant if a parent or guardian can not be reached.

The Participant is in good health, does not take medications, and has no special medical conditions. List exceptions here. Attach a separate sheet if more space is necessary.

Travel Insurance: The Participant Accepts / Declines to purchase travel insurance. (circle one)

Trip Cost, Payments, Cancellations, & Refunds: Each Participant shall pay the Trip Sponsor the amount it requires to enroll in the trip. The Trip Sponsor will specify the payment schedule and the terms on which it will give a refund in the event of cancellation.

(OVER)

CONSUMER DISCLOSURE NOTICE: Please read this carefully, as your signing the Application and/or deposit payment on a trip signifies acceptance of these terms & conditions. The trip is arranged by Summit Tour & Travel, Inc. (hereinafter "ST&T"). It has made the travel arrangements at the direction of the School/Group and acts as agent for the transportation carriers & other suppliers (SUPS) of services connected with the tour, all of which are independent contractors. ST&T in no way owns or operates the vehicles or facilities to be used during the trip, & does not guarantee performance by, or assume responsibility for the acts &/or omissions of SUPS, their employees, agents, etc. All bookings are accepted subject to the conditions imposed by SUPS & ST&T, including, but not limited to, the airline, cruise line, rail, coach, hotel, restaurants, insurance & other companies, firms or persons concerned with the trip. ST&T shall not be responsible for, and shall make no refund for, events beyond its control, such as, without limitation, acts of God, strikes, acts of war, terrorism or civil disturbance, government restrictions, or for acts or omission of persons or companies not controlled by ST&T, such as, without limitation air carriers, bus companies, railways and hotels, or for elements of the package not used by customer. ST&T and its officers, employees, and agents are hereby released from all claims arising out of such events, acts, or omissions. If there is a difference between ST&T conditions and those published by a SUP, the conditions of SUP shall apply. The participant and his/her parent/guardian accepts responsibility for all property or monetary damages caused by the participant to the hotels, Bus Company, or other property. The participant and his/her parent/guardian assume all risks of personal injury which may be suffered, incurred or caused during the trip and hereby release ST&T and its officers, employees and agents from all claims arising out of loss or injury. Price quoted is per person quad occupancy, unless noted otherwise, and the price is subject to adjustment if the number of participants varies significantly from the estimated number. ST&T reserves the right to cancel a trip, change the itinerary or adjust rates whenever in its sole judgment conditions warrant, or if ST&T deems it necessary for your comfort, convenience or safety. ST&T reserves the right to correct an error in the advertised price prior to your departure. Trips outside the USA require a valid U.S. passport or other acceptable forms of citizenship proof. You are responsible for, & release ST&T from passport, visa, vaccination requirements & safety conditions in travel destinations. ST&T strongly recommends you purchase travel/medical/baggage insurance for the trip, which is available through ST&T. For medical info., call Public Health at 301-443-2403, & for travel advisories State Dept. at 202-647-5225. ST&T requires that medical release forms with a health care proxy be received in our office for each participant no later than 30 days prior to scheduled trip. A contract is made when your reservation & payment are accepted by ST&T in its home office in Orlando, Florida & any disputes shall be governed by Florida law & are subject to exclusive jurisdiction and venue in Orange County, Florida. ST&T is registered with the State of Florida as a Seller of Travel, Registration No. ST-30745. In calculating the cost of your trip, ST&T has relied on your consent to these terms & in the absence of this release, the trip cost would have been higher.

PHOTO RELEASE: In consideration of my participation in the Summit Travel Program and for other good and valuable consideration herein acknowledged as received, I hereby consent to the use of the following images and text by Summit Tour & Travel for any and all purposes, including without limitation exhibition, publication and any trade or advertising purposes (provided that the advertising promotes student and youth travel); to alter the same without restrictions; and to copyright the same. I waive inspection of the finished images and text and permit use in any format.

CODE OF CONDUCT: All tour members shall observe reasonable rules of safety and conduct as directed by the trip leader, aided by teacher(s), chaperones and the tour escort who has absolute authority to expel any tour participant whose actions or behavior are considered detrimental to the group's welfare. The trip leader, teacher(s), ST&T and its employees and agents are released from any liability to any expelled participant for such expulsion and no refunds shall be made. The use of alcohol by an underage student or illegal drugs of any kind are not accepted at any time during the trip.

We have read, fully understand and agree with the terms of this Application, Consumer Disclosure Notice and Code of Conduct printed on this form. We agree not to hold any trip leader or chaperone on this trip responsible for any accident, error or omission.

Participant's Signature: _____

Father/Guardian's Signature: _____

Mother/Guardian's Signature: _____

Date: _____