



AFFIDAVIT OF INSURANCE COVERAGE

HOLD HARMLESS AGREEMENT

PARENTS AGREEMENT REGARDING STUDENT CONDUCT

ON EDUCATIONAL TOUR, INTERNSHIP and CHANGE IN ITINERARY

As Parent or Legal Guardian of the below named child, a minor who is a student, and in consideration of the agreement by the Fahrenheit Center to permit the student to participate in the educational tour to Europe – Traces of Christian Europe 2015, to take place from June 26, 2015 through July 26, 2015, the undersigned do hereby state under oath that there is accident and health insurance coverage for the student that will cover the student while participating in the trip, and that we agree to maintain coverage in full force and effect for the duration of the trip.

I/We do further agree to indemnify, protect and hold harmless said Fahrenheit Center, its officers, board members, supervisors, agents, servants, employees, and all private person or organizations volunteering services without charge to supervise or chaperone students while on the educational tour from any claim or liability whatsoever, including, but not limited to, personal injury, property damage, court cost, attorneys' fees and interest, however caused, as a result of the student participating in the educational tour, including, but not limited to medical treatment or services provided to said student while on the tour.

I/We do further agree that the Fahrenheit Center, its officers, agents, and/or employees reserve the right to terminate the participation of the above student for failure to behave and act in accordance with the Fahrenheit Center regulation on conduct, for failure to follow the instructions and direction of the tour supervisor(s) and/or chaperones, or for any acts of conduct of the above student deemed by said board, its officers, agents, and/or employees, to be detrimental to or incompatible with the interest, harmony, comfort or welfare of the tour as a whole. If the participation of the above student is terminated, only the funds not actually used will be refunded, and the student will be sent home at my(our) expense.

I/We agree that the Fahrenheit Center, its officers, agents, and/or employees reserve the right at any time prior to or during the tour to make cancellation, changes or substitutions in emergencies or changed condition or in the interest of the group, and to alter, prior to tour departure, the cost in order to meet unexpected changes in airline fares, hotel rates, etc., as the announced fee is based on current tariffs, rates, and expenses which are subject to change or reestimation.



Dates for which release is intended for the duration of the Educational Trip to Europe

June 26, 2015 through July 26, 2015

Minor/Student Name _____ Date of Birth _____

Mother's Name _____ Home Ph: _____ Business Ph: _____

Father's Name _____ Home Ph: _____ Business Ph: _____

Address _____

Name of Physician: _____ Ph: _____

Medical Insurance Company: _____

Insurance Policy # _____ Allergy: _____

Other contact in case of emergency: _____ Ph: _____

A copy of this form should be accessible to the person responsible for the program.

Parent's e-mail: _____

Parent/ Guardian Signature: _____ Date _____

Parent / Guardian Signature: _____ Date _____

Please fill out the form, sign, attach check and send to:
Fahrenheit Center, PO Box 867, Lockport, IL. 60441

Size of Polo-shirt : S , M , L , LX



FAHRENHEIT CENTER
FOR STUDY ABROAD

WWW.FAHRENHEITCENTER.ORG