



## Registration Form

Title  Mr.  Mrs.  Ms.  Dr.  Br.  Sr.  Fr.

Gender  Male  Female

Birth Date / /

Age

Last Name (as it appears on your passport)

First Name (as it appears on your passport)

Address

City

State

Zip Code

Home Phone

Email Address

### Additional Options

- I would like to pay a supplement for a Single Room
- Married participant traveling with spouse  
Spouse's Name \_\_\_\_\_
- I am under 24 and wish to pay a surcharge for a Double room with a family member  
Family Member Name \_\_\_\_\_
- I would like to extend my stay after the trip  
Date of Return \_\_\_\_\_  
Gateway \_\_\_\_\_
- I am a Land Only Traveller and will meet the group at the first hotel

Group Leader Last Name

Preferred Departure Date

Group #

Program Name

Departure City

Emergency Contact Name

Emergency Relationship

Emergency Phone Daytime

Emergency Phone Evening

**Complete Protection Plan**  Yes  No

**Supreme Protection Plan**  Yes  No

For details of these insurance plans, please see page 4

Initial Payment (\$400 + \$95 registration fee) The \$95 registration fee is non-refundable and non-transferable.

Payment deadlines are subject to the terms and conditions in order to avoid late charges

Enclosed is a check or money order for the amount of \_\_\_\_\_

I hereby certify that I have read the terms and conditions and the attached release form of the European Institute and I am in good physical and mental health rendering me able to travel.

Signature of Registrant \_\_\_\_\_ Date \_\_\_\_\_

All participants under 21 of age must have written approval from a parent or legal guardian; I the parent/legal guardian of the above minor hereby agree to be bound by the terms, conditions and release form of The European Institute and will be responsible for all amounts owed to The European Institute by the minor and any other actions by the minor on this trip

Signature of Parent of Guardian \_\_\_\_\_ Date \_\_\_\_\_

Please make checks payable to: The European Institute  
Please send payments to: (unless otherwise instructed by your group leader)  
The European Institute, PO Box 401005, Cambridge, MA 02140

1. I, the undersigned, whose name and signature appear on the bottom of this form (and my parent or guardian if I am a minor,) a registrant for a trip with The European Institute Inc. ("The European Institute") hereby acknowledge that I have read and agreed to the Terms and Conditions of The European Institute and my itinerary description, as well as those provisions contained in the Release below, and I acknowledge that they form part of my agreement with The European Institute including sections concerning responsibilities, refunds and changes in dates, cities, hotels, and prices.

2. I understand that obtaining a passport is my responsibility. If I am not a U.S. citizen, I understand it is my sole responsibility to obtain, in advance, any visas and other documents which may be required to enter all the countries on my itinerary and to re-enter the United States. Participants with passports from other countries than that of the United States of America must contact the local consular offices of the countries they will be visiting to obtain the necessary visas. Such visas are not obtainable on the spot overseas. I understand that the inability to obtain these visas and other documents does not constitute grounds for withdrawal with full refund; the standard refund policy will apply.

3. I understand it is my parent or guardian's responsibility to meet the group leader accompanying me on a trip with The European Institute and satisfy themselves as to the appropriateness of that particular person for my needs and to inform the group leader of any special requirements for me.

4. I agree that if I become ill or incapacitated, The European Institute may without incurring any liability take such actions as it considers necessary under the circumstances, including securing medical treatment for me and transporting me to North America, all at my own expense. I agree to release The European Institute from any liability for the quality and timeliness or any such medical care received or for any expenses incurred. I understand that The European Institute shall distribute to me through my group leader written rules and regulations concerning my behavior overseas, I understand that I may be sent home if I do not adhere to these rules and standards and the instruction of my group leader and that The European Institute is not responsible if I do not follow these rules. I understand that if for any reason I am expelled from school or otherwise disciplined by school or civic authorities, I am declared ineligible for the trip and my participation canceled, subject to the refund policies stated below.

5. I acknowledge acceptance of the terms of the refund policy as outlined below and in the following:

Number of Days before Departure:	The Full Refund of Payments Minus:
130 or more days	\$150 and \$95 Registration fee
90 to 129 days	\$300 and \$95 Registration fee
65 to 89 days	\$475 and \$95 Registration fee
30 to 64 days	\$900 and \$95 Registration fee
29 or less days	No refund

The Registration Fee and the Total or Supreme Protection Plan Fee are non-refundable and non-transferable. If the withdrawing participant has paid less than \$995 at the time of withdrawal less than 65 days before departure, there will be no refund. I fully understand that all refund requests must be written and addressed to The European Institute, PO Box 401005, Cambridge, MA, 02140. In the event an airline ticket has been issued on my behalf, I understand it is my responsibility and that of my group leader to return the ticket to The European Institute before my refund may be processed. If the withdrawing participant has paid less than \$995 at the time of withdrawal less than 65 days prior to departure, then there will be no refund (unless the participant is enrolled in the Supreme Protection Plan).

6. I will indemnify The European Institute, its affiliates, agents, directors, employees, and my group leader, school officials, school, and hold them harmless for any financial liability or obligation which I personally incur, or injury or damage obligation which I personally incur, including any injury or damage to the person or property of others which I cause or contribute to while participating on a tour program of The European Institute.

7. I understand that The European Institute reserves the right to reassign participants to a replacement teacher/group leader should the original teacher/group leader not participate in the program for any reason.

8. I understand that future European Institute advertising and publicity may contain photographs of my trip or statements made by me, and I consent to such or my comments or photos.

9. I understand that The European Institute reserves the right to make changes in the program and in the program costs as described, without liability for refund.

10. I understand that the air carrier's liability for loss or damage to baggage, or for death or injury to person or property, is limited by their tariffs and/or the Warsaw Convention and related agreements. Further, I understand that the air carriers assume no responsibility during such time that I am not on their aircraft.

11. I understand that I am responsible for exercising reason at all times to avoid injuries. I understand that as part of the Registration Fee, The European Institute is providing basic protection coverage for my benefit, including limited health, accident, and life insurance in the event of injury or illness while on the tour program, as well as a limited interruption and cancellation policy if I fail to participate or am delayed in connection with The European Institute program as a result of certain specific events. I acknowledge that I accept the full description and limitation of this coverage that appears in the insurance brochure, a copy of which is available upon request.

12. I hereby waive and release The European Institute, its affiliates, agents, directors, officers, employees, as well as my teacher/group leader, and school, from all claims arising from any injury, loss, damage, accident, delay, or expense resulting from events beyond its control, including without limitation, acts of God, war, strikes, incidents of politically-motivated violence, sickness, or quarantine, government restriction or regulations, and in the absence of its own gross negligence, arising from the use of any vehicle or from The European Institute's selection, 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.

13. If your local municipality, school, school board, administrator or similar group is officially sponsoring this trip, you will receive written notification from them with a statement of assumed responsibility for the trip by their organization. In the event that you do not receive such notification, you should be aware that the trip is not officially sponsored or supported by your municipality or your school system, although, they may as a courtesy to the teacher involved, allow school or local premises or services to be used in connection with planning for the trip. Therefore, your local school, school board, administrators, municipality, and municipal officials have no liability or responsibility whatsoever with respect to the trip or program and by traveling as such with The European Institute you expressly waive all claims of any type in conjunction with this trip against them.

14. I understand that this agreement takes effect when my application is accepted by the European Institute and shall be governed under the jurisdiction of the Commonwealth of Massachusetts. This is a non-negotiable agreement and can not be modified with the exception of a document in writing by The European Institute.