## **ASSE International Field Trip Consent Agreement**

	al Son / Daughter to participate in the ASSE Inter		
	cked the departure airport selected by my ASSE In ents for their drop off and pick up at the selected a		Please Choose your ASSE 2024 Destination:
Name of Host Parent (print)	Signature of Host Parent	Date	East Coast Adventure April 10 - 16
<b>School Permission to Travel:</b> I give my permission for my ASSE International	al Student to participate in the educational field tr	rip as enrolled on this form.	California Adventure Jan. 31 - Feb. 6 March 13 - 19
Name of School Official (print)	Signature of School Official	Date	Hawaii Adventure
ASSE International Area Represental give my permission for my ASSE Student to put checked the departure airport selected and again	pative Permission to Travel participate in the educational field trip as enrolled gree that is the best departure city for this studen	I on this form. I have t.	Jan. 17 - 23 Feb. 21 - 27  Southwest National Parks Adver April 24 - 30
Name of Area Rep (print)	Signature of Area Rep	Date	
either travelers or baggage from whatsoever the itinerary that seen necessary, to substitute time and to pass on to any group members an in cost, the right is reserved to make such adjiperson whose behavior is unbecoming or injure. ASSE International Field Trips Include all transingle occupancy basis. Single room and doub day, admission fees, taxes, and tipping tour leadd-on in the full program. ASSE Field Trips of the trip price is based on a minimum total group the trip price or cancel the trip. All trip spaces conditions stated on trip flyers, trip website, a Participants will be required to make an initial final balance due on or before 60 days prior to to the trip Terms and Conditions. Trip particip website/terms & conditions, and the TRP payr minus the initial trip deposit the TRP fee, plus Trip is canceled by ASSE or WorldStrides, priopart for unused days of the tour or transportar missed is not refundable. Participants will be	panizations and disclaim any liability for delays, locause. ASSE reserves the right to withdraw the fire exervices of comparable value, to refuse to acceptly expenditures occasioned by delays or events be ustments to the rate as necessary. ASSE reserves rious to the group's welfare or affects the rights of a sportation while the participant is with the group ole share rooms guarantees that a student has the aders' services. The cost of the airfare is NOT include personal expenses, most lunches, our size of 30 paid travelers. If a tour contains few are based on availability at time of booking and it and trip booking documents.  Il non-refundable deposit to reserve their trip spand of the participant cancels their trip, the ants may elect to purchase Trip Refund Protection ment must in paid within 14 days of initial registrate, where applicable, any other Non-Refundable air to departure, the liability of ASSE is limited to a stion resulting from participants late arrival or prefered and agree to the above state terms.	eld trip or any part of the trip of or retain as a member of to expond their control. In the cases the right to not accept or representation of the other transport of the other transp	o, to make such alterations in the group any person at any se of any appreciable variation etain as a group traveler any velers.  a double occupancy share, or a breakfast and dinner each rice but is included as an essential state of the terms and the will refund all monies paid, may have incurred. If the Field and will be given in whole or in ion of the planned itinerary
Conditions.	read and agree to the above state terms	s of fifty efficient and	the trip retrins and
Name of ASSE Student (print)	Signature of ASSE Student	Date	
deemed reasonable and necessary in the ever minimum of \$1600 USD for medical and hospi	(Host Siblings Only) ission for any medical doctor, dentist, staff or age at of sickness or injury during the duration of the ital expenses resulting from accidental injuries or all participants are expected to observe ASSE Int  Signature of non-ASSE Student	trip. I further certify that I ar r sickness and agree to pay f	n covered by insurance to a for any medical and / or dental
Name of Parent/Guardian (print)	Signature of Parent/Guardian	Date	
			<b>₩orldStrides</b>
Insurance Provider	Policy Number		z vvoi tu 3 ti iu e 5

**Educational Travel & Experiences**