

# Student Information and Agreement



Name:.....Last Name: .....

Gender:  Male  Female Country of origin: .....

Host Parent Name(s): .....

U.S. Address: .....

Host family email .....

U.S. Home Phone: ..... Cell Phone:.....

TRIP(S) CHOSEN:  Hawaii Expedition - Mar. 18-25, 2017  
 New York City/Philadelphia/Washington, DC Trip - Apr. 8 - 15, 2017  New York City Only Trip - Apr. 8 - 11, 2017

All trip/activity participants are responsible for personal debts, phone call charges, lost motel/hotel key charges, and any extra expenses incurred due to their irresponsibility or violation of rules. Participants must comply with all ROTARY rules and regulations (this includes rules prohibiting driving and the use of alcohol/drugs), as well as those governing this trip or activity. If a participant is found to be in noncompliance with any of the rules, he/she may be dismissed from further participation in the trip/activity, and/or returned to his/her host family or home, and will be responsible for the cost of the return travel. If a ROTARY student's violation of a rule is serious enough, he/she may be considered for an early return to his/her home country.

The host district has the right to cancel the endorsement and revoke approval of a student's participation at any time.

I have read, understood, and agree to follow ROTARY policies, procedures, and trip rules. I am aware that even though my parents/host parents have given permission for this activity, the ROTARY Chairperson has the authority to deny my participation

.....  
Student's signature

## ROTARY DISTRICT CHAIR'S AUTHORIZATION

As the District Chair for Rotary District ....., I approve my exchange student to participate in the above-mentioned trip(s).

.....  
Rotary District Chair's name

.....  
Rotary District Chair's signature

.....  
District Chair's Telephone Number

Date ..... / ..... / .....  
MONTH DAY YEAR

1504 North Wells Street – 2nd Floor – Chicago, IL – 60610  
Phone: +1 (312) 376-3686 – Fax: +1 (312) 376-3690  
E-mail: exchange@belousa.com - Website : www.belousa.com



1. This document has to be signed by you and your Rotary Chairperson.
2. This document has to be sent by fax + 1 312 376 3690 or email to Belo USA Travel Inc. - exchange@belousa.com

# Authorization for WESSEX Tours in the USA



As the natural parent/s of .....  
(Print student's full name)

from ..... (country), born on ..... / ..... / .....  
MONTH DAY YEAR

I/we hereby grant permission for him/her to participate in the trip available to ROTARY students :

- Hawaii Expedition - Mar. 18-25, 2017
- New York City/Philadelphia/Washington, DC Trip - Apr. 8-15, 2017       New York City Only Trip - Apr. 8-11, 2017

Rotary District number (home country): ..... Rotary District number (in the USA): .....

- I/We have been advised of the trip cost (Hawaii: \$1240, NY/Philly/DC: \$1410, NYC: \$1000), and have no objection to my/our son/daughter paying this amount.
- I/We understand that my/our child's host family (International Students) knows of and approves of this trip.
- I/We agree not to hold BELO USA, or any representative thereof, responsible for any injury, accident, or loss suffered by my/our son/daughter during this trip.
- I/We understand that this trip is a BELO USA-sanctioned group activity, and as such will be subject to BELO USA rules, including those regarding inappropriate behavior, alcohol, and drugs. There will be curfews, and students must be in their assigned rooms at that time. Inappropriate behavior of students includes destruction of property, injuries to others, unacceptable noise levels, sexual behavior, consumption of illegal substances, and noncompliance with trip rules and local laws.
- I/We understand that if my/our son/daughter does not obey the BELO USA policies or trip guidelines, he/she may be returned to his/her host (International Student)/natural (US student) family at his/her own personal expense.
- I/We understand that a violation of Rotary's rules before the trip begins may cause the Rotary Chairperson to cancel my/our child's place on the trip. In this case, no refund will be given. I/ We are aware that though we have given permission for this trip, the ROTARY Chairperson has the authority to deny my/our child's participation in this activity.
- I/We understand and agree that neither any Rotary Club or Rotary Organization, nor the Tour Committee will be responsible for injury through mishap to any student or staff member accompanying the tour.
- I/We understand and confirm that my son/daughter has her/his own health & Accident Insurance. Moreover, any Rotary Club, Rotary Organization and Belo USA Travel are expressly released from any and all liability for any damage, death or injury which the student might suffer while taking part in the tour, both as to any right of action that might occur to my son/daughter or the student's relatives, executors or assign.
- I/We understand and agree to indemnify and save harmless any Rotary Club, Rotary Organization and Belo USA Travel from any and all claims of costs, including, but not limited to counsel fees and counsel costs that may arise any injury, death, damage to any student while on the tour.

.....  
Print name

.....  
Signature of Natural Parent(s) or Legal Guardian(s) and Date

**Medical Release:** In the event my/our son/daughter needs any medical treatment in the case of emergency, accident, or illness while on this ROTARY trip, the Trip Coordinator or Chaperone has my/our permission to act for me/us as his/her parent/s.

.....  
Signature of Natural Parent(s) or Legal Guardian(s) and Date

Home Tel.: ..... Work Tel.: ..... Cell Tel.: .....

Email: .....

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