**WAIVER OF LIABILITY AND RELEASE OF CLAIMS**

**INCLUDING RISKS RELATED TO COVID-19**

**California Tours/USA Student Tour**

**ISE/SMG/CASE Student Trips**

**COVID-19 Assurances**

In the time period prior to the tour, I affirm, and the parent/guarding confirms that:

 (a) I am not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.
 (b) I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.
 (c) I have not been diagnosed with Coronavirus/Covid-19.

 (d) I have been diagnosed with Coronavirus/Covid-19 and have been quarantined for at least 10 days and have written clearance to travel from a licensed doctor or relevant governmental authority.

 (e) I am following all recommended guidelines for prevention of infection as much as possible and limiting my exposure to the Coronavirus/COVID-19.

**Shared Occupancy**
Participants have the option to share room accommodations with other program participants on ISE overnight trips.

Shared accommodations include the following:

 (a) Double Occupancy: Two individuals in one room with two beds. One participant per bed.

 Roommates can either be determined by participants or assigned by California Tours/USA Student Tour.

 (b) Triple Occupancy: Three individuals in one room with two beds. One bed is shared by two participants. All three roommates must be designated at reservation by participants.

California Tours/USA Student Tour **will not assign individuals**.

(c) Quad Occupancy: Four individuals in one room with two beds. Two beds per room and two participants per bed. Two or four roommates must be designated at reservation by participants. USA California Tours/USA Student Tour can assigned 2 quad roommates of same gender for ½ quad ( 2 quad) reservations. **1 and 3 quad roommate reservations are not accepted.**

Individuals can make trip reservations for Double Occupancy without a named roommate. Same gender roommates will be assigned by California Tours/USA Student Tour. Participants consent to assigned roommates for Double Occupancy reservations.

**Quad and Triple occupancy reservations will only be accepted with participants predetermining roommates. For triple, 3 predetermined roommates are required. For quad, 2 or 4 roommates are required prior to reservations.**

**Assumption of Risk** I voluntarily applied to participate in the ISE/SMG/CASE Trip arranged by California Tours, Inc. (USA Student Tour) and understand that the ISE Trip includes tours with indoor and outdoor private and group activities. I understand that COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact but can also be spread through the air. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and facial mask.

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 Initial

In agreeing to participate in the ISE/SMG/CASE Trip arranged by California Tours/USA Student Tour, I understand:

 (a) participation includes possible exposure to and illness from infectious diseases including but not limited to COVID-19. While particular rules, conduct and personal discipline may reduce this risk, the risk of serious illness and death does exist; and

 (b) tours involve inherent risks, dangers and hazards, including physical exertion, weather extremes and limited access to immediate medical facilities; and

 ***(c) tours involve periods without a chaperone or supervision, including during overnight stays at hotels and where unsupervised swimming pools are accessible; and***

 (d) my participation in such activities can result in injury or death;

 (e) and that such risks and dangers may arise from foreseeable and unforeseeable causes, including my own negligence or the negligence of USA Student Tour suppliers.

**Flight Policy: Please note that all participating students must arrive SFO on March 21, 2024 between 7 am – 1:15 pm and depart SFO on March 24, 2024 between 2 pm - 10:30 pm.**

In consideration of the right to participate in the ISE/SMG/CASE Trip, I agree to be responsible for my own welfare and assume all risks and dangers including all such risks related to illness and infectious diseases, such as COVID-19, and assume all responsibility for any losses or damage, whether caused by the negligence of suppliers of Cal Tours.

**Duty to Self-Monitor**
Participants agree to self-monitor for signs and symptoms of COVID-19 (symptoms typically include fever, cough, and shortness of breath) and, contact USA Student Tour if they experience symptoms of COVID-19 within 14 days after participating in a tour.

**Parental Consent and Release of Liability**

The undersigned gives permission as the parent and/or legal guardian for the under-designated child to participate in the day, overnight trips and any related activities offered by USA Student Tour and operated by California Tours. ***The undersigned understands that the trips involve periods of time where their child will be unsupervised and solely responsible for their own health and welfare.***

The undersigned also consents to my child sharing room accommodations on overnight trips.

In consideration for my child participating in the ISE/SMG/CASE Trip, I, on behalf of myself, my personal representatives and heirs agree to release, waive, discharge and hold harmless California Tours, Inc., their owners, employees, shareholders, officers, agents, representatives, successors and assigns from any and all claims, actions or losses for bodily injury, illness, property damage, wrongful death or any other damage or injury arising from my participation in the ISE Trip organized by California Tours/USA Student Tour. I understand that I am releasing, discharging and waiving any claims or actions I may have for the negligent acts or other conducts by hotels, transportation providers, museums and indoor venues included ISE trip, and California Tours/USA Student Tour.

I have read, understand and agree to the provisions and consequences of this agreement. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining provisions shall remain in effect. I agree that the execution of a facsimile counterpart or electronic transmission of this agreement shall be deemed execution of the original agreement.

 \_\_\_\_\_\_

 Initial

**Student Name:**

Gender: M/F Cell#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Roommate Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Food Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Host Parent:**

Address:

Email: Emergency contact:

**School Official (name/title):**

School Official Phone#:

**Area Rep:**

Area Rep Phone#: Area Rep Email:

**Tour Name:** Tour Date:

Tour Price:

 **Student or Area Representative MUST turn in signed copy within 14 days from making reservation. Signed copy must be emailed to info@usastudenttour.com.**  R**eservation without signed Liability Waiver Form is subject to cancellation.**  **Once it is cancelled, deposit will be forfeited.** **Students may not miss school without school permission and must make up for any missed work.**

**Late arriving students on delayed flights will be met by ISE/SMG chaperone and connect with the main group. Late arriving students are financially responsible for LAX transfer to connect with the main group. Transfer for late arriving students is not included.**  **In any case**

**where a student who has previously registered for a trip is dismissed from the program or placed on probation by ISE/SMG/CASE, no refund will be provided .**

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Student Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

Parents Name: Email:

Host Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

School Official Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Area Rep Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: