

UNIVERSAL ODYSSEY, INC.

TOUR REGISTRATION AND MEDICAL RELEASE

DO NOT ALTER THIS FORM. USE SEPARATE FORM FOR EACH PARTICIPANT. DO NOT DOUBLE UP!

CHECK ONE: STUDENT PARENT SIBLING FACULTY OTHER

LAST NAME _____ FIRST NAME _____

AGE AT TIME OF TOUR _____ BIRTHDATE _____ SEX _____ GRADE _____

HOME PHONE _____ OFFICE PHONE _____ CELL PHONE _____
ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMERGENCY CONTACT _____ PHONE _____ CELL _____
2ND EMERGENCY CONTACT _____ PHONE _____

ORGANIZATION: WEST HIGH - WHEUPA
TRIP ORGANIZER: MR. VINCE BANIM
PROGRAM: EAST COAST PERFORMANCE TOUR NOVEMBER 2010

PRICES

STUDENT: Price \$2000 each (sharing quad)

ADULTS: Price \$2440 each (sharing quad)

*single supplement rates & sibling rates available upon request

PAYMENTS BY CHECK

\$200 deposit due by Feb.1, 2010

(\$50. non-refundable)

\$400 deposit due no later than March 15, 2010

Visa or Master Card has a 3.4% service & authorization fee

CANCELLATION POLICY - Must be in writing to Universal Odyssey, Inc.

- A) If I cancel my reservation in the program before 2/1/10, \$50.00 is non-refundable.
- B) If I cancel my reservation between 2/2/10 and 3/1/10, \$100 is non-refundable and 3/1-4/1/10, \$150 non-refundable
- C) If I cancel my reservation between 4/2/10 and 9/1/10, \$500 is non-refundable.
- D) If I cancel my reservation after 9/1/10 up to departure day of the program 100% of total price is non-refundable. (These rates apply only if under 5% of the group cancels, there after, group attrition rates as stated in contract apply).

All air tickets are entirely non-refundable six – twelve weeks prior to departure *Transfers of reservation at anytime to another participant will be considered on a case-by-case basis and will be subject to airline change fees and deposit fees of \$250..

NAME OF INSURANCE COMPANY _____ POLICY # _____

MEDICAL CONDITIONS INCLUDING ALLERGIES _____

NOTE: Parent's or guardian's signature grants permission for any doctor, dentist or hospital or accompanying teacher or staff person to act in the parent or guardian's behalf in taking whatever measures they feel are necessary in the event of sickness or injury requiring or thought to require medical attention during the period of the tour. The SIGNATURE also certifies that the participant is covered by medical insurance adequate to cover medical or hospital expenses incurred, and that that parent or guardian is fully responsible for any costs incurred in this respect.

READ ALL FORMS CAREFULLY BEFORE SIGNING

SIGNATURE OF STUDENT'S PARENT _____

PRINT NAME OF PERSON SIGNING _____

THIS FORM IS BOTH A MEDICAL RELEASE AND A LEGAL FORM. WE MUST HAVE A SIGNED FORM FROM EVERY PERSON, INCLUDING SCHOOL STAFF, STUDENTS AND ADULT PARTICIPANTS.

Price, Itinerary, and 'Includes' are based on an estimated 170 paying participants and are not guaranteed. Itinerary & 'Includes' are subject to change to enhance program or due to performance schedule.

TERMS OF PARTICIPATION

1. Universal Odyssey Incorporated (**UOI**) is responsible to participants in making arrangements for all services included in the program. Each participant (and the parent or guardian for participants under 21), however, by signing the application, releases **UOI**, its directors, officers, or employees from any and all claims of any nature whatsoever from any injury, loss, damage, cost, accident, delay, irregularity, or expenses arising out of the performance or operation of a **UOI** program except for any such claim arising out of the negligence or fault of the directors, officers, or employees of **UOI** in the scope of their employment.
2. **UOI** cannot be responsible for events beyond its control, such as, without limitation, acts of God, strikes, or government restrictions, or for acts or omissions of persons not controlled by it, such as, without limitation, airlines, bus companies, railways and hotels. I agree to release **UOI**, its agents and employees, and my local school and my Advisor from all claims arising out of such events, acts or omissions.
3. I grant to **UOI** the right to take whatever action deemed necessary in regard to my health & safety including, without limitation, obtaining medical treatment on my behalf & transporting me at my own or parents' expense back home for medical reasons.
4. I understand that **UOI** reserves the right to enforce whatever group rules and standards are announced by **UOI**. I understand that my failure to comply with such rules may entail my termination as a participant and my return home at my own or my parent's expense, with no guarantee of any subsequent refund from **UOI**. I understand that participants under the age of 21 are not permitted to have or use hard liquor, and are not permitted to have in their possession or use marijuana or hallucinogenic drugs, and that drug possession or misconduct in the use of alcoholic beverages or drugs is grounds for immediate dismissal and return home at my own or my parent's expense. I understand that **UOI** is not responsible for my well-being when I am absent from the **UOI** supervised activities or on a visit to friends or relatives.
5. I will indemnify **UOI**, its agents, and employees and hold them harmless for any financial liability or obligation which I personally incur, or any injury or damage to the person or property of others which I cause or contribute to while participating in a **UOI** program.
6. **UOI** programs that travel by air are generally booked on promotional airfares. These fares have certain restrictions and/or penalties regarding reservations and cancellations. I understand that if I cancel my reservation after an airline deposit has been paid and/or the air carrier has issued my ticket, I must forfeit the amount of the airline cancellation penalties listed below. I understand that these airfares are subject to increase at any time prior to purchase.
7. I understand the airline's obligations in the event of delay or other changes in the planned flights are limited by the applicable airline tariffs. I understand the direct air carrier's liability for loss or damage to baggage, or for death or injury to person or property, is limited by their tariffs.
8. The programs offered have been designed by **UOI** many months in advance of departure. I therefore grant **UOI** the unqualified right to alter, amend or cancel such programs and to make any adjustment to program cost prior to departure in order to meet unanticipated contingencies, including any change in transportation cost, or lack of participation in the program. I understand such changes in the program, including increases in program prices based on these changes are not grounds for cancellation without penalty.
9. I understand that **UOI** has the right to recalculate the price per student should an uneven number of students or an uneven ratio of boys/girls sign up for the program. **Price quoted was based on all triple/quad rooms being filled to capacity and a total of 190 participants,(includes students, adults, chaperones & alumni)**
10. I understand that **UOI** has the right to recalculate the price per adult should an uneven number of adults or an uneven ratio of men/women sign up for the program. **The price quoted was based on all double rooms being filled to capacity.**
11. I understand that if I wish to cancel my reservation on a **UOI** program, I must do so **IN WRITING**. Upon cancellation I will be entitled to a refund of my payments under the terms indicated below. Individual refunds up to 5% of group participants. Trip is transferable for penalty fees.
 - A) If I cancel my reservation in the program before 2/1/10, \$50.00 is non-refundable.
 - B) If I cancel my reservation between 2/2/10 and 3/1/10, \$100 is non-refundable and 3/1/10-4/1/10, \$150 non-refundable
 - C) If I cancel my reservation between 4/2/10 and 9/1/10, \$500 is non-refundable.
 - D) If I cancel my reservation after 9/1/10 up to departure day of the program 100% of total price is non-refundable. (These rates apply only if under five percent of the group cancels thereafter attrition rates as stated in contract apply).
 - E) All air tickets are entirely non-refundable six weeks prior to departure.
 - F) If my Director or I do not cancel my reservation and I am a "no-show" at hotel check in, no refund is given.
 - G) I understand that if my program is canceled by **UOI**, I am entitled to a full refund of all deposit fees that are refunded to **UOI** from vendors such as bus, hotel, air, meal coupons, etc.
 - H) Transfers of reservation to same-sex participant will be considered on a case-by-case basis and will be subject to airline name change fees and deposit fees of \$250..

I certify that I have read the above and agree that all the terms and conditions stated therein are fully incorporated in this agreement. I further understand that this agreement will be effective only upon my acceptance by **UOI as a program participant.**

*There will be no refunds, and/or substitutions for services, meals, sightseeing, accommodations or transportation (including airfare) missed or not used by participants for any reason once the program has begun.

Signature of Student

Date

Signature of Parent

Date