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

Important: Please rename this document to your LASTNAME\_FIRSTNAME\_DESTINATION\_DEPARTURE DATE.

Host Family Permission to Travel:	al Son / Daughter to participate in the ASSE Inter	national Educational	
Field Trip as enrolled on this form. I have che	cked the departure airport selected by my ASSE li ents for their drop off and pick up at the selected	nternational	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 Internation	al Student to participate in the educational field t	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
	ative Permission to Travel participate in the educational field trip as enrolled gree that is the best departure city for this studen		Jan. 17 - 23 Feb. 21 - 27  Southwest National Parks Adventure April 24 - 30
Name of Area Rep (print)	Signature of Area Rep	Date	
ASSE International Field Trips Include all transingle occupancy basis. Single room and doul 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 graph that trip price or cancel the trip. All trip space 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 the trip Terms and Conditions. Trip particip website/terms & conditions, and the TRP pay minus the initial trip deposit the TRP fee, plus Trip is canceled by ASSE or WorldStrides, priepart for unused days of the tour or transporta	justments to the rate as necessary. ASSE reserves irious to the group's welfare or affects the rights of insportation while the participant is with the group ole share rooms guarantees that a student has the raders' services. The cost of the airfare is NOT incide NOT include personal expenses, most lunches, oup size of 30 paid travelers. If a tour contains few is are based on availability at time of booking and and trip booking documents.  In non-refundable deposit to reserve their trip, spands and trip booking documents.  In non-refundable deposit to reserve their trip, the participant cancels their trip, the participant cancels their trip, the pants may elect to purchase Trip Refund Protection ment must in paid within 14 days of initial registrates, where applicable, any other Non-Refundable aid or to departure, the liability of ASSE is limited to a lation resulting from participants late arrival or presponsible for any expenses incurred while separates.	or enjoyment of the other transport and hotel lodging, on eithe eir own bed. Also included iluded in the published trip if, and snacks.  Wer than 30 paid travelers, if in all cases, the participant are must do so in writing to in (TRP). This program and it ation. Trip Refund Protection ruline or admission fees you a refund of fees paid. No refernature departure. Any por	r a double occupancy share, or is breakfast and dinner each price but is included as an ASSE reserve the right to adjust is are subject to the terms and ayments timely, including the WorldStrides and are subject amounts are stated on the in will refund all monies paid, may have incurred. If the Field und will be given in whole or in
By signing below, I attest that I have Conditions.	read and agree to the above state terms	s of my enrollment an	d the trip Terms and
Name of ASSE Student (print)	Signature of ASSE Student	. Date	_
deemed reasonable and necessary in the eve minimum of \$1600 USD for medical and hosp	(Host Siblings Only) ission for any medical doctor, dentist, staff or age int of sickness or injury during the duration of the ital expenses resulting from accidental injuries o it all participants are expected to observe ASSE Info	trip. I further certify that I are sickness and agree to pay	am covered by insurance to a for any medical and / or dental
Name of Parent/Guardian (print)	Signature of Parent/Guardian	. Date	_
Insurance Provider	Policy Number		<b>₩orldStrides</b>

**Educational Travel & Experiences**