

PAPERWORK CHECKLIST



**Travel
For Teens**

To email, fax, or mail:

- Travel For Teens Contract** - *Important Note: You must initial and send all 4 pages! Trip dates in contract must also be filled out and accurate.*
- Permission to Treat**
- Physician's Report with physician's signature**
- Credit Card Authorization Form**
- Permission to Sample Wine/Beer**
- Copy of Participant's Passport** (please be sure to make another copy for your child to keep and carry during the trip)

To be completed Online at MyTFT (see email for instructions):

- Online Medical History Form**
- Digital Photo (upload a headshot of your child)**
- Transportation Form**

* Please submit all paperwork by your due dates (visible on MyTFT). If you are waiting on one or two items to be completed, please send us what you have by the due date, along with a note detailing when the remaining forms will be sent.

Email your scanned forms to help@travelforteens.com

- or -

Fax them to 484-654-1041

- or -

Mail your hard copy forms, photocopies, and this checklist to:

Travel For Teens, LLC
900 W Valley Rd. Suite 300
Wayne, PA 19087

PARENT/GUARDIAN INITIALS _____ CHILD'S NAME _____

TRAVEL FOR TEENS, LLC – CONTRACT (Page 1 of 4)

1. I, the undersigned, and my parent/guardian (undersigned), have evaluated and analyzed the Travel For Teens, LLC (TFT) program and choose for me/my child to participate during the dates listed at the end of this contract. We understand that this is a non-refundable tuition and that all tuition is due and payable whether or not our child goes on the trip. I have been encouraged to acquire trip insurance and given options. We agree that Travel For Teens, LLC has no liability whatsoever for cancellation of the trip by Travel For Teens, LLC for any reason whatsoever, other than a refund of the tuition or a prorated part thereof.

2. We understand that travel, whether by plane, train, auto, boat, bicycle, rollerblades, horseback, on foot or by any other means, including non-mobile time, contains inherent risks of illness, injury, disability or death. These risks exist from the time of leaving home until the time of returning home. We accept these risks and freely release Travel For Teens, LLC and all its employees, associates, agents, officers/directors from any responsibility for sickness/injury or inconvenience.

3. We agree that I/my child will not use illegal substances, tobacco or alcohol, or possess any illegal thing, including but not limited to drugs, explosives, weapons, and incendiary devices.

4. We authorize the staff of Travel For Teens, LLC or their designee to take any measures for my/my child's safety or that of my/my child's group that they, in their sole discretion, deem advisable. We have read the rules and understand them. We understand, and agree, that substantive violations of the rules, particularly those involving alcohol, drugs or other illegal activity, violence, leaving the hotel or group without permission, engaging in sexually promiscuous behavior, acts of unkindness and acts which compromise the safety of any person, may result in me/my child being sent home from the TFT program with no refund and at my/my parents' expense. I/we agree to promptly arrange and pay for any such trip home within 24 hours of dismissal. We understand that such decisions will be made by TFT at its sole and absolute discretion and waive any right to dispute of any such kind on this issue. I/we acknowledge the seriousness of these behaviors and expressly agree that I/my child will not engage in them to any degree. I agree to purchase a return ticket for departure within 24 hours from the closest airport to my child's location at the time of dismissal to the airport of my choosing. I understand said ticket may be unavailable except in First Class and could cost in excess of \$3,500. I agree that should immediate payment not be made for these purposes, TFT will utilize the credit card given to TFT on or before the commencement of the trip(s) for payment and there is, in addition, a 10% of total trip cost surcharge. Should the credit card on file not function, TFT will buy the ticket and I will reimburse TFT for this amount. Further I accept full payment of all TFT expenses related to sending my child home including TFT Staff time billed at the rate of \$50/hour.

5. We understand that costs of the program are based on a group and that if my/my child's actions compromise the group costs I/we agree to financial responsibility for these costs.

6. We fully release Travel For Teens, LLC, its staff, agents and associates from any and all liability for any act, omission or any other thing, which results in injury, harm or death to me/my child.

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PARENT/GUARDIAN INITIALS; Page 2 _____

7. We hold harmless Travel For Teens, LLC, its staff, agents and associates from any liability incurred by its suppliers, subcontractors, vendors or any other person or entity providing services.

8. We agree that I/my child will wear protective equipment as requested for any activity during this program, including helmet, seat belts and any other protection deemed advisable by the program. We understand that we must provide any safety equipment required by us, including a bike helmet, if not provided by TFT.

9. We hereby grant permission for my/my child's photo to be used in TFT promotional activities and on its website and brochures and other printed material at TFT's sole discretion. I understand photos taken of my child may be posted online through Google's public Picasa Web Album ,Google+ services or DropBox.

10. We understand that we are responsible for payment of all expenses I/my child may incur during the program other than transportation, lodging, meals as specified for my trip, and approved admissions. These admissions do not include such activities as movies, clubs, and the like. TFT also adheres to international customs and our groups do not drink soda with meals in restaurants nor does TFT provide bottled water. Responsibility for expenses includes any medical or dental care I/my child may require, including surgery, and including transportation for treatment or home, even if denied by insurance. We further agree to provide in force medical coverage for our child while abroad.

11. We agree to pay for any damage incurred by me/my child to the hotel or any other person's property, as well as any charges not covered by tuition that are incurred by my child as part of their participation on their trip. I agree that should immediate payment not be made for these purposes, Travel For Teens, LLC will utilize the credit card given it on or before payment and there is, in addition, a 10% of total trip costs surcharge.

12. We agree that the protection of my/my child's personal property is my/my child's responsibility and release Travel For Teens, LLC, its employees, staff, associates or any other person connected with the organization from any liability for theft or loss of my/my child's personal property.

13. We understand that circumstances could change that would require changes in the program of Travel For Teens, LLC and release Travel For Teens, LLC, its employees, agents, associates, from any and all liability associated with such changes.

14. I/We agree that any decision to cancel this trip for any reason shall be at the sole discretion of Travel For Teens, LLC and agree that I/we will be due no refund unless the trip is cancelled or delayed, in which case a prorated refund of tuition only will be given.

15. We agree that any dispute will be resolved through binding arbitration in Delaware County, Pa. and will be subject to the rules of a court of competent jurisdiction in that venue. I/We agree that in event of any such dispute, should I/we not prevail, we will pay all fees and costs for said dispute on behalf of Travel For Teens, LLC. I/We specifically waive any rights to bring any action whatsoever in Federal Court.

(Contract Continued – Page 3 of 4)

PARENT/GUARDIAN INITIALS; Page 3 _____

16. I/We understand that it is against Travel For Teens, LLC rules to have a cell phone turned on, other than for emergencies, except while in my room and then only if it does not disturb others. I understand that any violation of this rule may result in confiscation for the duration of the trip.

17. I understand that Travel For Teens, LLC's pricing is dependent on foreign currency exchange rates. I agree to a supplemental charge, at the discretion of TFT, that would reflect currency fluctuations should the exchange rate exceed that in place on September 10, 2019, according to XE.com's currency update 10 days before the date of travel. I understand that this must be paid before travel commences. **NOTE: In its history, Travel For Teens, LLC has yet to require parents pay such a supplemental charge.** I understand that TFT reserves the right to increase costs for tuition based on changes in fuel costs. I agree to pay these charges in the rare event it is required.

18. I have read and fully understand the Frequently Asked Questions section of the Travel For Teens, LLC website (<http://www.travelforteens.com/faq>).

19. I understand that in order for me/my child to travel, I/my child must have an up-to-date passport (valid for at least six months after the scheduled return date) and all necessary visas which are my responsibility to obtain and verify for appropriateness. I agree to pay any supplementary costs/charges/fees that may be incurred should I/my child NOT have the necessary travel documents including, but not limited to, a \$150 per day Travel For Teens, LLC chaperone cost. Under no circumstances is TFT obligated to provide said chaperone.

20. Travel For Teens, LLC reserves the right to charge additional fees for returned payments, canceled cards, chargebacks, credit card changes, invalid credit cards, failure to provide Travel For Teens, LLC with a credit card that is valid for the entire duration of the trip(s), and cancellations as a result of your failure to comply with any requests by Travel For Teens, LLC.

21. Barring special circumstances arranged with a Travel For Teens, LLC office manager, I agree to be charged for the total remaining balance on my account should I fail to pay my balance within one 1 week after my child's payment date. I understand that balance will carry an additional 3% convenience fee.

22. Participation in a travel program requires a certain level of functioning at a reasonably independent level such that an individual does not adversely affect the trip for others. TFT cannot allot excessive amounts of staff time to one participant without advance notice for proper staffing. I/We certify that all medications prescribed within the past year, whether taken or not, have been disclosed and that medications appropriate to my child's optimal functioning while on the trip will be provided. I/We understand that should I/my child fail to fully disclose any physical, mental, or behavioral problems, including medications, TFT may in our absolute and sole discretion, dismiss me/my child from the Travel For Teens, LLC program. This can also happen should a situation develop while on the trip precluding me/my child from being able to participate. I agree to pay all flight costs associated with sending my child home and understand that tuition will be forfeited.

23. **I/we certify that we have fully disclosed all personal data in a manner that fully appraises Travel For Teens, LLC of any issues that could potentially affect travel in a group setting. I/we understand that this disclosure includes, amongst other things, matters of health (physical and mental), behavior, adjustment, current situation, past history and future concerns. I/we understand the importance of Travel For Teens, LLC being fully apprised of any information whatsoever that would affect the quality of its trips for my child/me OR OTHERS.**

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CONTRACT SIGNATURE PAGE

Participant Signature _____ **Date** ____ / ____ / ____

Print Participant's Name _____

Parent/Guardian Signature _____ **Date** ____ / ____ / ____

Print Parent/Guardian Name _____

Travel For Teens Program Dates:

FROM ____ / ____ / ____ **TO** ____ / ____ / ____

PERMISSION TO TREAT STATEMENT

My child can be examined for any sickness or injury arising during the trip by a physician or dentist of Travel For Teens, LLC choosing. Permission is granted to Travel For Teens, LLC in a medical emergency to hospitalize, treat, order injections, anesthesia or surgery for my child. I agree to pay for these services. I release Travel For Teens, LLC, its employees, agents and associates from any and all liability related to such examination or treatment. I agree to pay for emergency transportation to a treatment facility and or home. It is also agreed and understood that Travel For Teens, LLC will make every reasonable attempt to immediately contact parents or guardian. I also agree that my child is able to self-medicate prescriptions or daily medications. Alternatively, I have advised the Travel For Teens, LLC staff in writing to do so and will provide medications for this purpose.

I hereby state that all the information submitted on behalf of my child in the online medical history form is accurate and up to date. I also certify that any and all of his/her medications and physical and/or mental conditions have been fully disclosed.

Child's Name (please print) _____

Parent/Guardian Signature _____ Date _____

PERMISSION TO SAMPLE LOCAL WINE/BEER

Travel For Teens offers participants who are of legal age in the destination country the opportunity to sample a glass of wine with dinner or a beer in countries where this is deemed by TFT to be part of the culture. Please indicate whether or not you prefer your child to have this option.

I **DO / DO NOT** (circle one) give permission for my child (print child's name here: _____) to sample local wine/beer at selected meals under the direct supervision of the Travel For Teens, LLC staff.

Parent/Guardian Signature _____ Date _____

PHYSICIAN'S REPORT AND EXAMINATION

Travel For Teens is a travel abroad experience. Participants should be able to engage in moderately strenuous activity including walking up to 5 miles a day. Participants should be able to cope with the stress of unfamiliar surroundings and irregular sleep.



I have examined (Participant's Name) _____ within the past year and, in my professional opinion, the above named (circle one) IS / IS NOT able to participate in the type of travel program described above.

Physician's Signature: _____ Date _____

1. Current Treatment (including medication):

2. Please describe any medical history, whether physical or mental, that may impact a trip abroad that requires significant stamina and adaptability.

3. Recommendations and/or restrictions while on a trip:

4. Dietary restrictions:

5. Any medication to be administered? Please specify dosage and describe the condition being treated.

6. Please explain any other concerns or pertinent information on a separate sheet and attach.

Licensed Physician's Printed Name _____

Phone:

Address:

PERMISSION TO TRAVEL FORM



Note: This form authorizes Travel For Teens, LLC to travel with your children.

*Please give this original form to your child to keep in their hand baggage on the trip. **Do not** mail it to Travel For Teens.*

Travel For Teens strongly recommends that **both** custodial parent/guardians sign this form. Failure to do so may result in problems with Customs/Immigration officials in the United States and/or abroad. It is *your* responsibility to ensure that the form is completed by both custodial parent/guardians and that your child has the form with them.

This form is to authorize _____ (name of child) to travel, without a legal guardian, to _____ (country/countries of destination).

Name of Parent/Legal Guardian I: _____

Relationship to Student: _____

Signature: _____ Date: _____

Name of Parent/Legal Guardian II: _____

Relationship to Student: _____

Signature: _____ Date: _____