CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT **Foreign Travel Agreement**

Name on Passport:

Passport Number: _____ Expiration Date: _____

The undersigned has voluntarily enrolled in the Las Positas College Speech 48 (Activities in Forensics) course, Fall Semester 2016 involving foreign travel, March 10 through *March 20, 2017.* I understand and agree to all of the following:

- Travel to any foreign country may involve changes in plans, unexpected delays, and • limited access to some services;
- I am subject to the laws of the country visited; •
- The College cannot be held responsible or accountable for the actions of a foreign • government or its representatives;
- By their very nature, the use of transportation, housing, food and other goods and services or activities in connection with participation in this program and tour carries a risk of personal injury, property loss, or both, to participants. In spite of these risks, I wish to participate in the course and tour, and assume the liability and responsibility for any and all potential risks that may be associated with participation in the program;
- I agree to release and discharge the district, its officers, employee and agents from • liability for injury, damage or loss of any kind, that may arise in any way or for whatever reason out of participation in the course and tour;
- After my airline ticket has been issued, it is non-refundable;
- The payment for the trip is non-refundable as of 30 days prior to the scheduled • departure date unless the district cancels the trip;
- The district reserves the right to cancel the trip or my participation in the trip, at its • discretion and at any time, as long as all money paid to the district by me for the trip is refunded:
- I have *no* known medical condition that would risk my health or safety by my participating in the course and tour;
- Pursuant to California Code of Regulations, Subchapter 5, Section 55450, by participating in this field trip/excursion, I am deemed by law to have waived any claims against the district for injury, accident, illness or death occurring during or by reason of this trip;
- I am expected to follow all applicable board policies that may apply to the course and trip, and adhere to the student code of conduct.

I have read, understand and agree to all of the above.

Signed: Date:

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