

Release and Agreement

In the event that an emergency develops which requires surgery, hospitalization or other medical care during a CBU Travel Program, it is important for the participant to receive treatment without delay. Therefore, we require that the participant sign the following statement.

In the event that _____ (participant's name) becomes incompetent for any reason, including but not limited to injury, accident, mental illness or disease, or loss of consciousness during a CBU Travel Program, _____ (participant's name) appoints as his/her guardian, and authorizes CBU, to take any action which it deems appropriate under the circumstances, including but not limited to: arranging for medical or psychiatric treatment, the administration of prescription drugs, and transportation to the U.S.

Name (please print): _____ Signature: _____ Date: _____

If the participant is under, 18 years of age a parent or legal guardian must sign an additional form. Please contact CBU for details.

CBU makes every effort to protect the welfare and safety of the participants on its programs. However, CBU will not accept responsibility for damage to or loss of property, personal illness or injury, or death while a participant is on the program. Therefore, it is required that the participant signs the following statement.

I hereby release Christian Brothers University, its officers, agents, and/or its employees from any and all claims and causes of action for damage to or for loss of property, personal illness or injury, or death arising out of any travel activity conducted by or under the control of Christian Brothers University.

Name (please print): _____ Signature: _____ Date: _____

If the participant is under 18 years of age, a parent or legal guardian must sign an additional form. Please contact CBU for details.

Program Conditions

A non-refundable \$200.00 program deposit is due with this application (unless otherwise noted)

In the event that you must withdraw from the program, notification must be made in writing to CBU.

Single Room Supplement: CBU costs are based on double occupancy. If you wish to request a single room, a single room supplement will be added to your invoice. Please contact CBU to find out what the single room supplement is for your desired program. CBU can not guarantee single room requests. Professors are automatically roomed in single rooms.

Other Conditions: Please note that no refunds will be given for unused meals, hotel rooms, airport transfers, etc. for any reason. CBU reserves the right to increase the tour price in the event of cost increases due to changes in transportation, accommodations, currency fluctuations and airfare or fuel surcharges. CBU reserves the right to alter the program without notice. Every effort will be made to carry out the program as planned but alterations may still occur after the final itineraries are sent out.

Name (please print): _____ Signature: _____ Date: _____

If the participant is under 18 years of age, a parent or legal guardian must sign an additional form. Please contact CBU for details

Mail, fax, or scan and email completed form
with non-refundable deposit (*if applicable*) to:

Mrs. Wanda Anderson
Christian Brothers University

Box 3

650 E. Parkway South

Memphis, TN 38104

Tel. (901) 321- 4250

wanderso@cbu.edu