

离蓉登记表 & 免责声明

REGISTRATION FORM OF TRAVEL OUTSIDE OF CHENGDU AND ASSUMPTION OF RISK AND RELEASE FORM

THIS IS A RELEASE OF LEGAL RIGHTS – READ AND UNDERSTAND BEFORE SIGNING

Student: _____

Date of Birth: _____(YYYY/MM/DD)

Student ID: _____ Passport No. _____

Itinerary: _____

Independent Traveler

Accompany

Name & contact:

Travel Agency

Name & contact:

Date of leaving Chengdu:

Date of return to Chengdu:

Phone Number:

I acknowledge, declare and agree as follows:

RISKS OF PARTICIPATION

I recognize that there are dangers and risks to which I may be exposed by traveling outside of Chengdu. Now, I solely decide to travel outside Chengdu during this winter break at my own direction, despite the possible dangers and risks and despite this Release.

I therefore agree to assume all of the risks and responsibilities that are any way associated with my travel.

HEALTH&SAFETY

I have consulted with a medical doctor with regard to my personal medical needs. There are no health-related reasons or problems that preclude or restrict my travel.

I have arranged through medical insurance or otherwise to meet any and all needs for payment of medical costs while I participate in the Program, including, but not limited to, the costs of emergency transportation or evacuation.

SCU does not have the authority or responsibility for the furnishing, cost or quality of any such medical treatment or care.

STANDARDS OF CONDUCT

I understand that every country has its own laws and standards of acceptable conduct, including those concerning drug use, dress, politics and behavior, and I will be subject to those laws and standards. Therefore, before traveling I will inform myself of such laws and standards. Furthermore, during my travel, I agree to abide by those laws and standards.

ASSUMPTION OF RISK AND RELEASE OF CLAIMS

I accept and assume full responsibility for all harm and injury, of every nature, including death, which may occur to me or which I may suffer or cause to others, and for all damages or loss to any real or personal property owned by me or damaged by me, while I am traveling and during all travel and transportation, and, in furtherance thereof, I agree to indemnify, hold harmless and release the WCSM/WCH,SCU, its Trustees, faculty, employee, from and against any and all claims, demands, actions or causes of action, on account of damage or loss to my real or personal property, my personal injury or death, or the personal injury, death or damage to real or personal property of others caused by me, which may occur or result directly or indirectly from my travel.

BEFORE SIGNING THIS DOCUMENT, I HAVE READ AND FULLY INFORMED MYSELF OF ITS CONTENTS WITH NOT OBJECTION.

Signature of Student Participant _____
Print Name

Phone Number _____
Email

Date (YYYY/MM/DD)