



Immersion Programs
at the Language Exchange

Registration, Health, Release Forms Balade d'Automne en Provence

Deposit Deadline: **May 27th, 2017**

Registration Deadline: **July 20th, 2017**

Name: _____

Address: _____

☎ (cellular) _____

☎ (evening) _____

E-mail: _____

Date of birth: _____

Native language: _____

Do you speak other languages? _____

Please describe your experience, education, etc. with the French language. Use a separate sheet if necessary.

Tell us what you are hoping to accomplish on a personal level

Housing:

- I am traveling with a friend and I would like to share a room with him/her. Name: _____
- I am traveling alone.

Price:

Total price: \$2500 – Payable in full by **July 20th 2017**

Deposit: \$500 or **\$515** (if paid by credit card) – to secure your registration, must be received by **May 27th, 2017**. The \$500 (\$515) deposit to secure your reservation becomes non-refundable after May 27th, 2017.

Payment information: PLEASE WRITE CLEARLY. THANK YOU.

Check – please write your check to The Language Exchange, LLC.

Month/Year

Credit Card    **EXPIRATION DATE:** ___/___ **CSC :** ___ ___

Credit Card Number

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Name on the card: _____ Signature: _____

Health and Emergency Information Form

Participant's name: _____

Your Social Security Number: _____

Your Blood Type: _____

Please answer the following questions carefully:

1. Do you have any health conditions, dietary requirements, physical limitations (e.g. allergies (cats for instance?), chronic conditions or special circumstances (e.g. religious convictions or legal arrangements) that we ought to be aware of prior to the trip or prior to an emergency treatment?

Yes No (Please explain)

2. Are you currently taking any medication?

Yes No (Please indicate name and purpose of medication)

3. Whom should we notify in case of an accident or medical emergency? Please list an individual other than a traveling companion.

Name: _____ Relationship _____

Address: _____

☎ (daytime) _____ ☎ (cellular) _____ ☎ (evening) _____

4. Is there a physician we should consult in case of an accident or medical emergency?

Name and Phone number: _____

4. Please list the name of your health/accident insurance carrier(s) & policy numbers:

Name of carrier: _____ Policy # _____

Name of carrier: _____ Policy # _____

Participant's signature: _____ Dates of the program: _____

Assumption of Risks/Release Form
(Balade d'Automne en Provence: **September 29th – October 7th, 2017**)

I (Participant's Full Name) _____ understand that travel, by its very nature, contains inherent risks of injury, illness, death or loss of personal possessions which may be caused by forces of nature, negligence or actions of others or other agencies. I am aware that by participating in Balade d'Automne en Provence, I am assuming substantial risk including but not limited to the hazards of traveling in Europe by road vehicle or other means.

I acknowledge that such risks are present at anytime before, during, and after the trip in which I am participating arranged by The Language Exchange, LLC located in Portland, Maine and that medical services may not readily be available or accessible during some or all of the time during which I am traveling with The Language Exchange, LLC.

I have read the tentative schedule of activities and other information provided and I agree to the general program information set forth in this brochure including the prices and dates indicated and I understand that The language Exchange, LLC and its associated agents, hereinafter referred to as the Operator, are not travel agents and act only as liaisons between myself and the owners or contractors providing transportation or other services, and all tickets that are offered or provided are issued subject to any and all terms and conditions under such means of transportation or other services. The issuance or acceptance of such tickets shall be deemed to be consent to the further condition that the Operator shall not become liable or responsible in any way in connection with such means of transportation or other services, for any loss, injury, or damage to or in respect of any person or property howsoever caused or arising, except through its own direct negligence.

I understand that although the owners or contractors providing transportation or other services will take all possible care of my baggage and belongings entrusted to their care, that the participating travel agent and the Operator do not in any way have responsibility in the event of a loss or injury thereto, except through its own direct negligence. I agree that the passenger contract in use by the carriers concerned, when issued, shall constitute the sole contract between the transportation company and myself. I understand that I may make changes in my travel to stay longer in France, or make other stops, but that I must inform the Operator of my desires when I register, and that I will bear any additional expenses in arranging for such alterations, and that I will be responsible for all of my own travel arrangements when they do not coincide with those of the group including sightseeing fees and transportation.

I agree to carry my own health insurance, and that the Operator will in no way be held responsible for any injury or sickness, or aggravation of any pre-existing condition that I may experience while on, or after returning from the trip. I understand and agree to abide by the stated fees and stated fee schedule. I understand that the cost of all land arrangements and transportation are subject to the tariffs in effect on April 21st, 2017. I agree that the Operator has a right to alter the quoted prices in the event of any marked increase in European currency, tariff changes, or for any other unforeseen marked change in costs without prior notice. The Operator will provide written explanation in case of any such changes. Trip cancellation insurance provides reimbursement for cancellation fees for many unforeseen and medical reasons. It is highly recommended.

I understand that my total payment to the Operator of the trip includes: my accommodation in Provence for the nights of **September 29th, 2017 through the night of October 6th, 2017** based on double occupancy and regardless of the size and type of accommodation; a daily continental (French) breakfast; 5 or 6 lunches and 8 dinners from **September 29th, 2017 until October 6th, 2017**; all French instruction; all transportation for all organized group visits. I understand that I am responsible for the purchases of all drinks, personal expenses, air and land transportation to and from Avignon, baggage fees, and for any other activities that I wish to arrange for myself in addition to or in lieu of the group plans.

In the event that I wish to cancel my participation in the trip, I understand that if I do notify the operator in writing of my intention to do so before **July 20th, 2017**, I will receive a refund of all moneys paid, minus the non-refundable deposit of \$500.00 in liquidated damages to compensate the Operator for lost communications expenses, lost reservation expenses, and lost labor expenses. In the case of notification after **July 20th, 2017**, I understand that I will also lose all non-refundable moneys that have been paid to transportation and hotel companies on my behalf.

I also understand that the Operator may choose to cancel the trip, and that, if so, all moneys that I have paid will be returned to me. I agree that the liability of the Operator will be limited to the refund and I agree not to claim any other consequential damages.

I understand that my balance due payment must be on time, that is, postmarked by **July 20th, 2017**. I understand that if it is not on time, more fees may be necessary to secure my reservation, that I may lose my hotel reservation, and that this may result in the cancellation of my participation in Balade d'Automne en Provence and in the loss of all moneys that I have paid.

The payment of deposit or any full or partial payment for a reservation on this program shall constitute consent to all provisions contained herein. I have read and agree to the terms and conditions as stated in the release form.

Participant's Signature: _____

Date: _____

Travel Insurance

Travel Insurance is highly recommended.

It should provide coverage against personal accidents and sickness, medical expenses (check with your health insurance to see how you are covered overseas, in France), emergency repatriation and personal liability. We also recommend that the policy covers pre-program cancellation, curtailment and loss of luggage and personal effects.

The commencement of each program is subject to a sufficient number of registrations and The Language Exchange LLC reserves the right to cancel the program, should there not be a sufficient number of registrations. In this case deposits and all other money will be refunded. However, travel costs already incurred by the student cannot be refunded which is why we strongly recommend including pre-tour cancellation in your travel insurance policy.