

LONG BEACH CITY COLLEGE

SUMMER in FRANCE PROGRAM

June 20 to July 18, 2009

Application Form

Instructions

- 1. Type or print in black ink
2. Make checks payable to Adventureland Travel
3. If paying by VISA or MASTERCARD, fill out the authorization form
4. If your mailing address involves a P.O. box or Route box, be sure to give an alternate address.

Please attach a recent passport-type photo here with your name on the back. Also attach a copy of the first page of your passport.

PART A - PERSONAL DATA

Name (as in Passport) (Last) (First) (Middle) Male Female

Home address Number Street City State Zip

Telephone: Email:

Date of birth: / / Place of birth
Month Day Year

Passport information: / /
Nationality Number Expiration date

Emergency Contact:

Please list the name and contact information of the person you would like us to contact in the case of an emergency:

Name and relationship

Address

City/State/Zip

Home Phone: Cell Phone:

PART B - REGISTRATION INFORMATION

- 1. Program fee with round-trip airfare (does not include taxes & fuel surcharges) \$4,290.00
2. Single supplement \$600.00
3. Program dates: Departure: June 20, 2009 Return: July 18, 2009
4. Departure city: Los Angeles
5. Do you wish to purchase a trip cancellation, medical protection and luggage protection policy? yes () no ()
NOTE: the cost of such policy for coverage of up to \$5,000 is \$184 for students less than 35 years of age
Also note that pre-existing medical conditions are covered if the policy is purchased within 14 days of your initial trip deposit

PART C – PAYMENT (please check one)

- My check/money order is enclosed and payable to *Adventureland Travel*
 - My authorization to charge my VISA () or MASTERCARD () is enclosed
- Please note: There is a 5% surcharge for credit card transactions**

Financial Aid: Please contact the Financial Aid Office of the Long Beach City College to verify your eligibility.

PART D – HEALTH AND ACCOMMODATION INFORMATION

Complete the following questions carefully. Your roommate will be assigned based on the information you provide. All requests are taken into consideration.

Are you receiving special medical treatment? yes () no ().

If yes, specify: _____

Do you have any physical condition that prevents you from climbing stairs? yes () no ()

If yes, specify: _____

Roommate preference (if known): 1) _____ 2) _____

Do you smoke? yes () no () Do you object to a roommate who smokes? yes () no ()

PART E – ADDITIONAL DATA

Please answer the following questions in order to assist the Adventureland Travel staff in providing accommodation you may need:

Do you have any special dietary needs? If yes, please describe _____

Do you have any allergies or chronic ailments that N/ISP should be aware of? yes () no ()

If yes, please describe _____

Studying abroad requires a great deal of physical mobility. Do you feel you are able to perform the essential functions of a travel program without special accommodations? yes () no ()

If no, describe the type of accommodation you would need and how this would enable you to participate:

PART F – SCHEDULE of PAYMENTS and CANCELLATION POLICY

Payments Schedule and Procedures

The following payment schedule shall apply:

1st payment of \$200 (non-refundable deposit)	due upon application
2nd payment of \$1,000	due February 6, 2009
3rd payment of \$1,000	due March 20, 2009
Balance of payment	due May 1, 2009

Please make checks payable to "Adventureland Travel"

The initial deposit will be collected by the College and forwarded to Adventureland Travel. Adventureland Travel will invoice and collect the remaining payments.

Cancellation Policy

The following are the cancellation charges after the non-refundable \$200 application deposit:

Before February 5, 2009	none
February 6 to March 12	\$750
March 13 to May 10	\$1,500
On and after May 11	no refund

Notification of withdrawal from the program must be made in writing, with proof of mailing, to: ADVENTURELAND TRAVEL & TOURS, 10738 Riverside Drive, Suite D, North Hollywood, CA 91602. Refunds will be calculated according to the post office date on the certificate of mailing.

AGREEMENT AND RELEASE FORM

I, the undersigned (or my parent or guardian if I am a minor), an applicant for an overseas study program, organized by Adventureland Travel, do hereby waive and release Adventureland Travel, its affiliates and agents or host institutions abroad, from all claims whatsoever arising from my injury, loss, property damage, accident, delay, or expense incurred resulting from events beyond Adventureland Travel control, including, without limitation, acts of God, war, strikes, incidents of politically-motivated violence, sickness or quarantine, government restriction or regulation, or, in the absence of its own gross negligence, arising from the use of any vehicle of Adventureland Travel selection or from any act or omission of the host institution, bus or car rental agency, steamship, airline, railroad, taxi, or tour service, hotel, restaurant, school, university, or other firm, agency, company, or individual. I also agree to indemnify N/ISP and hold it harmless for any financial obligations or liabilities that I may personally incur or any damage or injury to the person or property of another that I cause while participating in Adventureland Travel's program. I understand that the air carrier's liability for loss or damage to baggage, or for death or injury to person or property, is limited by the carrier's tariffs and/or the Warsaw Convention. I have read and acknowledge the terms of the Adventureland Travel refund policy as outlined above, as well as in the LBCC program information.

I understand that I am responsible for exercising caution and common sense at all times to avoid injuries. I understand that Adventureland Travel is providing, as part of my fee, limited emergency medical insurance in the event of injury or illness while on an Adventureland Travel program.

I understand that it is my sole responsibility to have appropriate travel documents (passport & visas) for the country or countries to be visited during the summer 2009 program. I understand that it is my obligation to check with the appropriate Foreign Consulates in US as to whether or not: a) my passport or other travel document is acceptable to enter the country in question - b) a visa is needed in addition to the passport or other travel document. I understand that obtaining a visa may require as much as three or more weeks.

I understand that Adventureland Travel is not responsible for any injury or loss whatsoever suffered by me during periods of independent travel (which I understand are unsupervised by Adventureland Travel) or during any absence from the overseas campus or other Adventureland Travel supervised activities.

I hereby grant Adventureland Travel and its agents full authority to take whatever reasonable actions they may consider to be warranted under the circumstances regarding my health and safety at my own expense, and I fully release each of them from any liability for such decisions or actions as may be taken in connection therewith. I authorize Adventureland Travel and its agents, at their discretion, to place me, at my own expense, and without my further consent, in a hospital within or outside the United States for medical services and treatment, or, if no hospital is readily available, to place me in the hands of a local medical doctor for treatment. If deemed necessary or desirable by Adventureland Travel or its agents, I authorize them to transport me back to the United States by commercial airline or otherwise at my own expense for medical treatment, which is in excess or not covered by the insurance offered by Adventureland Travel. In the event Adventureland Travel or its agents advance or lend any monies to me or incur special expenses on my behalf while I am abroad, I agree to make immediate repayment upon my return to the United States.

I will comply with the Adventureland Travel rules, standards, and instructions for student behavior. I agree that Adventureland Travel shall have the right to enforce appropriate standards of conduct, and it may at any time terminate my participation in the program if I fail to maintain these standards or for any action or conduct which Adventureland Travel considers incompatible with the welfare, interest and comfort of the other students. If my participation is terminated, I consent to being sent home at my own expense with no refund of fees.

I will indemnify Adventureland Travel, its agents, directors, employees, and school officials and hold them harmless for any financial liability or obligation which I personally incur, or injury or damage to the person or property of others which I cause or contribute to while participating in the Adventureland Travel program.

On group tours or other activities arranged by Adventureland Travel, I will accept the will of the majority whenever a matter of choice is presented to the group. I will also accept in good faith the instructions and suggestions of Adventureland Travel or its agents in all matters relating to its program or the personal conduct of the program participants. I understand that from time to time Adventureland Travel publicity material may include statements by its students and/or their photographs, and I consent to such use of my comments and photographic likeness.

If I am not a citizen of the United States, I understand and accept that it is my sole responsibility to obtain all visas and documents as a result of my not being a United States citizen, in order to enter all countries on my tour itinerary and participate in the Adventureland Travel program. Further (whether I am a U. S citizen or not), I shall hold Adventureland Travel harmless in the event that I am unable to obtain the necessary documents for participation in the program and indemnify Adventureland Travel for any costs incurred by it for failure to obtain the necessary documentation.

I understand that Adventureland Travel reserves the right to make cancellations, substitutions, or changes in case of emergency or changed conditions or in the interest of the students. In addition, I understand that Adventureland Travel's fees are based on air fares, lodging rates, and travel costs currently in force and are subject to change. I also understand that, if I leave the program voluntarily for any reason after the program has begun; there will be no refund for fees already paid.

I understand that the provision of accommodations in the program does not entitle me to tenancy rights in such accommodations and that I am occupying such space as part of an educational program.

If I am using financial aid to pay for all or part of my Adventureland Travel program fees, and if that aid is canceled or reduced by my institution or lending agency after I have embarked on the Adventureland Travel program, I am immediately responsible for full payment of all fees. Failure to make payment will result in my administrative withdrawal from the program.

I have read the terms and conditions set forth in this agreement. I further understand that this agreement shall become effective only upon receipt of my application by Adventureland Travel and shall be governed by the laws of the State of California.

I understand that this agreement cannot be modified except in writing by Adventureland Travel.

Signature of Applicant _____ Date _____

I certify that I am the parent or legal guardian of the Applicant, and that I have read the foregoing Agreement and Release (including such parts as may subject me to personal financial responsibility), and hereby waive any claim that I might have against Adventureland Travel or its agents (as set forth above), both in my own behalf and in my capacity as legal representative of the Applicant or any claim arising as a result of the Applicant's leaving the supervision of Adventureland Travel.

Signature of Parent/Guardian _____ Date _____

Name of Parent/Guardian in capital letters _____

ADDITIONAL IMPORTANT INFORMATION:

The cost of this study program does not include airport taxes, security and fuel surcharges. At the present time the cost of these surcharges is estimated to be about \$310. The airline will inform Adventureland Travel about the final cost of these extra charges some time before departure time. Adventureland Travel will invoice the program participants as soon as this information is received.

Students under 26 and qualified teachers will receive an ISIC (International Student Identify Card) courtesy of N/ISP. This card will allow for some discounts on entrances and includes a limited emergency health insurance policy for emergency hospitalization, medical transportation, in-hospital doctor fees, and more. Please contact Adventureland Travel or the Study Abroad Office at Long Beach City College for further information about the ISIC card.

ADVENTURELAND SAFARI, LLC is registered with the California Seller of Travel Program, CST #2018845-10, and is a participant in the Travel Consumer Restitution Fund (TCRC). Registration as a Seller of Travel does not constitute approval by the State of California. Passengers who purchase travel in California may request reimbursement from TCRC if they are owed a refund of more than \$50 for transportation or travel services which was not refunded in a timely manner by a Seller of Travel who was registered and participating in the TCRC at the time of the sale. The maximum amount that may be paid by the TCRC to any one passenger is the total amount paid on behalf of the passenger to the Seller of Travel, not to exceed \$15,000. A claim must be submitted to the TCRC within six months after the scheduled completion date of the travel. A claim must include sufficient information and documentation and a \$35 processing fee. Passenger must agree to waive his/her right to other civil remedies against a registered participating Seller of Travel for matters arising out of a sale for which the claim is filed with the TCRC, if claimant was located in California at the time of the sale. A claim form can be requested by writing to:

Travel Consumer Restitution Corporation
P.O. Box 6001
Larkspur, CA 94977-6001
or by faxing a request to: (415) 927-7698

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