

TRAVEL WAIVER

Please return this completed form to your DIRECTOR. If you have multiple travelers, please fill out one waiver for each person.

TRAVELER NAME: _____

SCHOOL NAME: CORNER HIGH SCHOOL BAND

PARENT/GUARDIAN: _____

DAYTIME #: _____

EMAIL: _____

PLEASE CIRCLE: STUDENT

CHAPERONE

GUEST

By participating in the CORNER HIGH SCHOOL BAND TRIP arranged Best in Class Tours, LLC., I'm bound by the terms and conditions of this Travel Waiver and any additional terms and conditions of any vendor/supplier that are applicable to the group's tour.

_____ (Parent/Traveler Initial) I have read and agree to the terms and conditions outlined in the group's Travel Waiver. I have reviewed the cancellation policy and understand I have the option to purchase Travel Protection.

I acknowledge and fully understand that these travel arrangements may be interrupted or cancelled by the associated travel supplier, a government entity, or another third party outside of Best in Class Tours, LLC. control for reasons that are unforeseeable at this time. I also understand and acknowledge that travel involves the risk of a variety of hazards to health and/or safety, including but not limited to, injury, illness, disease, epidemics, and/or pandemics. I expressly understand and agree that I assume all such risks associated with travel whether or not specified herein. I further understand and acknowledge that Best in Class Tours, LLC. has no control over the associated supplier's policies which, in addition to applicable law, will solely govern any cancellation, rebooking, and refund related to these travel arrangements. I also understand and acknowledge that the purchase of travel insurance is highly recommended and that coverage for circumstances such as these depends on the specific policy I purchase. Should I elect to obtain coverage, the travel insurance policy obtained by me to cover these travel arrangements will dictate any coverage for financial loss resulting from these circumstances.

As such, by signing below, I hereby agree to hold Best in Class Tours, LLC. harmless and release it from any and all liability for any damages including, without limitation, monetary losses, damage to person or property, illness/disease, delays, negligence, or inconvenience, that I may incur as a result of the circumstances described herein.

I HEREBY EXPRESSLY ASSUME ALL OF THESE RISKS AND DANGERS, AND I HEREBY EXPRESSLY AGREE TO FOREVER RELEASE, DISCHARGE AND HOLD BEST IN CLASS TOURS. LLC, AND OUR AGENTS, EMPLOYEES, OFFICERS, DIRECTORS, ASSOCIATES, AFFILIATED COMPANIES, GUIDES, GROUP LEADERS, AND SUBCONTRACTORS HARMLESS AGAINST ANY AND ALL LIABILITY, ACTIONS, CAUSES OF ACTIONS, SUITS, CLAIMS, AND DEMANDS OF ANY AND EVERY KIND AND NATURE WHATSOEVER WHICH YOU NOW HAVE OR WHICH MAY HEREAFTER ARISE OUT OF OR IN CONNECTION WITH THESE RISKS AND DANGERS.

IF APPLICANT IS UNDER 18 YEARS OF AGE, A PARENT OR GUARDIAN MUST AGREE TO TERMS AND CONDITIONS ON APPLICANT'S BEHALF. FOR THE PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER AGE 18 AT TIME OF REGISTRATION) this is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs or assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, EVEN ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

Student Signature

Date

**Students only need to sign if over the age of 18 at time the document is signed. Minors DO NOT need to sign the waiver.*

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

Best in Class Tours, LLC. PO BOX 770963 Winter Garden, FL 34777-0963



Email: billing@bestinclasstours.com

Best in Class Tours, LLC. is registered with the State of Florida as a Seller of Travel- Registration No. ST42917 Printed 8/28/2023