

Awareness Agreement

I/my child understand and accept that I/my child must meet and maintain requirements to participate in the travel abroad program.

My school district, Mrs. Yonkman and EF have the right to deny my participation at any time if I/my child no longer meet or maintain the requirements. I/my child may also be denied participation if I/my child display(s) behavior(s) or attitude(s) that will disrupt the safety and comfort of the trip.

I am fully responsible for all costs for the trip and am aware that I will take responsibility for financial loss if I/my child am/is denied participation.

Parent _____ Date _____

Parent _____ Date _____

Student _____ Date _____

Student _____ Date _____

Credit Card _____ Number _____
Ex date _____

Kimberly Yonkman has presented the benefits of the All Inclusive Insurance Plan offered by EF and encourages the purchase of this plan. I choose not to purchase this plan for myself/my child.

Parent _____ Date _____

Parent _____ Date _____