



ELS Language Centers

STUDENT EXCURSION REGISTRATION FORM

Name: _____
Address: _____

Telephone No. _____
Date of Birth: _____

The above named person is a Student Guest Family Member of a Student (check one).

Date and Time of Excursion: _____

Destination: _____

BY HIS/HER SIGNATURE BELOW, THE ABOVE NAMED PERSON, HIS/HER PARENT/GUARDIAN, OR HIS/HER MINOR DEPENDENTS AGREE TO ABIDE BY ANY REGULATIONS OR RESTRICTIONS IMPOSED BY ELS LANGUAGE CENTERS IN CONNECTION WITH THE EXCURSION DESCRIBED ABOVE, AGREES TO USE ONLY TRANSPORTATION PROVIDED THROUGH ELS LANGUAGE CENTERS, AND AGREES TO AND DOES IN FACT RELEASE AND HOLD HARMLESS ELS EDUCATIONAL SERVICES, INC., AND ALL PARENT AND SUBSIDIARY AND AFFILIATED COMPANIES AND ALL EMPLOYEES, AGENTS, OFFICERS AND DIRECTORS THEREOF, FROM AND AGAINST ANY CLAIMS ARISING OUT OF THE STUDENT'S PARTICIPATION IN SUCH EXCURSION INCLUDING, WITHOUT LIMITATION, ANY CLAIMS FOR INJURY SUSTAINED DURING THE EXCURSION OR IN TRANSIT TO OR FROM THE EXCURSION.

IN THE EVENT THE ABOVE NAMED PERSON PROVIDES TRANSPORTATION TO STUDENTS FOR THIS EXCURSION OR USES TRANSPORTATION FOR THIS EXCURSION NOT PROVIDED THROUGH ELS LANGUAGE CENTERS, ELS SHALL HAVE NO LIABILITY FOR ANY COSTS INCURRED OR THE CONSEQUENCES OF ANY ACCIDENT OR OTHER OCCURRENCE.

Dated: _____ Signature: _____

Parent or Guardian (if above named is a minor) Name: _____

Parent or Guardian (if above named is a minor) Signature: _____