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Minneapolis, MN 55408
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75001 Paris, France

www.VistasInEducation.com

Adult Registration Form

As an adult member of a student travel group, there are special considerations that you must make. To help you understand your role as a non-French speaking adult in a student travel group, we have prepared the following description of our programs. We hope that this will be helpful as you consider whether you would like to join the group.



Vistas in Education programs to France are student tour groups composed of high school French teachers and their students. The objective of the tours is primarily educational. The tours promote learning and usage of the French language and understanding of the French culture. A bilingual guide will accompany the group.

All arrangements for VIE travel programs to France are designed for the group as a whole. We are not able to make the kind of individual travel arrangements for participants that one might expect of a travel agency.

The accommodations will be in tourist class hotels. Participants will be required to carry their own luggage. During the students' Family Stay, adults will stay in a hotel. There is a substantial surcharge for hotel rooms during this time and adults are responsible for their own activities during the family stay period.

As participants in a travel group, adults will take part in all activities for the group that are selected by the organizing teacher. The teachers are responsible for all decision-making for the group.

Please keep this side of the Registration Form!!!!

PAYMENT DEADLINES

SPRING:

June 1 (Early Sign-Up) *or October 1 (fall sign-up)	\$400
November 15	\$800
January 10	balance due

SUMMER:

June 1 (Early Sign-Up) *or October 15 (fall sign-up)	\$400
December 1	\$800
January 15	\$1000
March 1	balance due

* These are fall registration deadlines. New participants will be accepted on a space-available basis after these dates. Contact VIE for program prices and availability. Complete materials and payments must be sent by the program organizer and be POSTMARKED by these dates to avoid incurring a **non-refundable \$40 fee**. Please allow approximately 4 weeks for checks to be processed due to the high volume of payments that we receive in the office. VIE reserves the right to cancel a participant for lack of payment, in which case normal cancellation fees will be assessed. **All checks postmarked after the deadline, and all returned checks will incur a \$40 fee.**

CANCELLATION POLICY

All requests for cancellation must be sent in writing (by letter, e-mail or fax) by the individuals directly to Vistas in Education. **No cancellations made by phone or requested by the teacher will be accepted.**

CANCELLATION FEES FOR SPRING:

Cancellations postmarked on or before October 1:	\$100
October 2 to November 15:	\$200
November 16 to December 15:	\$600
after December 15:	No Refund Guaranteed

CANCELLATIONS FEES FOR SUMMER:

Cancellations postmarked on or before October 15:	\$100
October 16 to December 1	\$200
December 2 to January 15:	\$600
after January 15:	No Refund Guaranteed

Please note that these fees apply REGARDLESS of the reason for your cancellation including but not limited to: changes in personal, school, or family plans; conflicts or threats of conflict, war, or other political unrest. This policy is necessitated by significant financial commitments that VIE is making on your behalf.

Refunds will be issued within 60 days of written notice.

GENERAL CONDITIONS

Vistas in Education reserves the right to alter or change itineraries or to adjust program costs to reflect changes in exchange rates, in airfare costs or airline seasonality, in fuel costs, or in extraordinary inflation overseas. Vistas in Education in arranging travel accommodations and/or transportation for individuals or groups does so as the agent of that individual or group desiring such travel accommodation and/or transportation upon the express condition and agreement that it shall not be liable to nor accept liability for any person or property for any injury, loss, damage, accident, delay, irregularity or expense arising from and/or out of the use of any travel facilities, accommodations or services provided in connection with such individual or group's travel plans nor for any injury, loss, damage, accident, delay, irregularity or expense arising from strikes, war, weather, quarantines, sickness, government restrictions or regulations or from any act or omission of any individual firm or corporation furnishing transportation, sightseeing, hotel accommodations, or any service in connection with the travel plan, or for any other cause whatsoever in connection therewith, nor for any additional cost or expense due to disruption or change of advertised rates or service or for any cause beyond its control. Vistas in Education is not responsible for any individual or individuals in a group who do not return home on the arranged flight for that individual or individuals in a group and such individuals must furnish their own transportation at their own expense.



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ADULT PARTICIPANT REGISTRATION FORM

Complete and return with a check for \$400 to the
 Organizing Teacher.
 Please use legal name as it appears on your passport.

 NAME OF ORGANIZING TEACHER

 LAST NAME FIRST NAME M.I.

 HOME ADDRESS

 CITY STATE ZIP CODE

 PLACE OF EMPLOYMENT WORK ADDRESS

 CITY STATE ZIP

() ()

 WORK PHONE HOME PHONE EMAIL

BIRTH DATE: _____ MALE ___ FEMALE ___
 (MM/DD/YY) COUNTRY OF CITIZENSHIP: _____

ROOMING REQUEST

Please plan to have a **single room** unless there is another paying adult who has agreed to share a double room.

- I wish to share a double room with, _____, another adult in my group.
- I wish to have a single room and will pay the applicable adult surcharge as shown below.

Would you like VIE to provide you a hotel and breakfasts during the students' Family Stay? ___ YES ___ NO

ADULT SURCHARGES		10 DAY	2 WEEK	3 WEEK
WITH HOTEL DURING FAMILY STAY:	Single Room	\$450	\$650	\$990
	Double Room	\$250	\$350	\$450
WITHOUT HOTEL DURING FAMILY STAY:	Single Room	\$100	\$350	\$650
	Double Room	\$50	\$100	\$150

Special meals you require for your flights:

MEDICAL: (Note allergies, medication, past history or specific instructions in case of emergency)

EMERGENCY CONTACT

Name _____ Relationship _____

Phone _____

Signature required on the reverse side of this form.

RELEASE FORM

I the undersigned hereby release VISTAS IN EDUCATION, INC. and its officers, employees, or agents, as well as the participating school and accompanying teacher, chaperons and guides (hereinafter "VIE AGENTS") from any and all responsibility as hereinafter enumerated; I further agree to release and to hold forever harmless the above named against claims and for all costs and fees arising out of or in any way connected with the following:

1. Any and all claims of whatever nature for any injury, loss, damage, accident, delay, irregularity or expense arising from the use of any vehicle or services, strikes, declared or undeclared war or conflicts, acts or threats of terrorism, weather, sickness, quarantine, government restrictions or regulations, or from any act or omissions of any airline, railroad, bus, transportation, sightseeing, hotel or any other cause whatsoever in connection therewith;
2. Any injury regardless of nature or cause whether resulting or not in death to the undersigned, whether alone or in association with others;
3. Any damage or injury regardless of nature or cause to property of the undersigned whether real, personal, or mixed;
4. Any expenses and/or losses resulting from the participant's failure to obtain a passport or required visas;
5. Any financial or other obligations incurred by the undersigned during the trip, including without limitation obligations or liabilities incurred in France;
6. Any abnormal occurrences due to an "act of God."

It is further agreed that VIE AGENTS shall have full authority to take whatever action they deem necessary to safeguard the health, safety and well-being of the participant. VIE AGENTS shall have full authority to secure medical treatment for the participant. The expense for such treatment shall be the responsibility of the participant. This authorization includes the right to send the participant home for medical treatment at the expense of the undersigned. Such authorization for action shall also be extended to the right to terminate your participation in the trip for failure to abide by standards or instructions set by VIE AGENTS. In such cases the undersigned agrees to bear the cost of the participant's return to the United States.

VISTAS IN EDUCATION, INC. reserves the right to alter or change the itinerary or to adjust program costs to reflect changes in exchange rates, in airfare costs or airline seasonality, in fuel costs, or in extraordinary inflation overseas. VIE also reserves the right to cancel or alter the program due to insufficient participation or to other circumstances beyond its control.

I, the undersigned, have read and understand the cancellation policy and I have read and understand the program registration materials and agree to abide by their terms and conditions.

SIGNATURE

DATE

If under 18, signatures are required by the participant above, and a guardian below.

The undersigned parent or guardian hereby represent and warrants that in signing this release, he/she has authority to sign on behalf of all parents or guardians of such child.

SIGNATURE

DATE