



Trip Title _____

International Friendship Activities & Cultural Exchange
P.O. Box 450816
Atlanta, GA 31145-0816

Phone: (770) 934-7797
E-mail: bob@iface.org

Please read "Application Instructions and Liability Statement" before completing this form. Deposit due upon return of application.
Check Payable to: "InterFACE"

REGISTRATION FORM RELEASE of LIABILITY

A. GENERAL Mr. Mrs. Miss

Full legal name _____ Home Country _____ Age _____

University/College _____ Program/Department _____

Current mailing address _____
Number and Street City State or Country Zip Code

E-mail address Home phone Work phone Fax

Number of people traveling with you _____ X trip deposit _____ = enclosed amount of \$ _____

B. INSURANCE INFORMATION

Insurance name _____

Insurance I.D. number _____ Group number _____

Do you have any of the following: Food Restrictions Allergies Prescriptions Medical needs If so, please list below

D. RELEASE of LIABILITY In consideration of being allowed to participate in any way in InterFACE events and activities, the undersigned:

1. Acknowledges and fully understands that each participant and who would claim under me will be engaging in activities that could involve the risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from my own actions, inactions or negligence of others, or the condition of the premises, the trail or any equipment used. Further that there may be other risks not known to us or not reasonably foreseeable at this time; 2. Assumes all the foregoing risks and accept personal responsibility for the damages following injury, permanent disability or death; 3. Release, waive, discharge and promise not to sue InterFACE Ministries, its affiliated collaborators, their respective administrators, directors, agents, or other volunteers and employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used to conduct the event, from demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise.

THE UNDERSIGNED HAS READ THE ABOVE WAIVER AND RELEASE, UNDERSTANDS THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

Signature _____ Date _____

Signature of participant, (Parent and /or Guardian if under 18 years of age)

List additional family members coming with student by title, name, age and relationship to student.

