EF Tours Agreement

By participating in this EF Tours trip, I agree to the following conditions:

- 1. I will follow all rules set forth in the "Student Code of Conduct."
- 2. I will abide by all rules established by EF Educational Tours and its tour director(s).
- 3. I will display considerate, unselfish behavior with all members of the group. I will arrive on time for all sightseeing tours, meals, and other group activities.
- 4. I will keep myself, my belongings, our hotel room, and charter bus clean and tidy.
- 5. I will listen and follow all instructions received from EF tour directors, teachers, and chaperones.
- 6. I will respect and honor all curfews set by the group. This is done not only for your safety and security, but the trip itself will be tiring and you will need plenty of rest.
- 7. I will not leave the group without first obtaining permission from the tour director or chaperone...and when granted permission, I will NOT travel alone (groups of 3-4 *minimum*).
- 8. I will attend all activities. They are obligatory.
- 9. I will not have members of the opposite sex in my hotel rooms.
- 10.I will not use tobacco, illegal drugs, or alcohol while on the trip. (Note: EF tours only permits wine/beer consumption provided the student is of age, has parent permission form signed, and is in the presence of adults.)
- 11.I will honor and obey all laws and respect any customs in the countries I visit.
- 12.I understand the trip is run by EF Educational Tours and is not directly associated with the school system. All EF rules extending beyond any school/county rules must be adhered to at all times during the trip.
- 13.I WILL HAVE A GREAT TIME!!!

If I fail to meet any of the	above conditions, I will be a	sked to call home &
possibly leave the visiting	country at my own expense.	This EF sponsored trip
should be a great experier	nce for everyone involved & 1	I will do my best to keep it
that way!		
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Student Name (print)	Student Signature	Date

Parent Name (print)	Parent Signature	Date

EF Educational Tours

Medical Treatment Authorization: I, the undersigned, being the legal guardian for _____ hereby authorize any medical treatment for this student while on a trip with _____ during the summer of _____. Name(s) of Guardian(s)_____ Address City Zip Important Phone Numbers Other adult(s) to contact in case of emergency Phone Numbers Student has the following allergies_____ Student has the following medical conditions_____ Student will be taking these medications (OTC or prescription) while on the trip Physician's Name_____Phone____ Medical Insurance Policy # I hereby authorize anyone associated with EF Tours to distribute: Any over the counter medications (aspirin, cold medication, etc.) Any prescriptions brought on the trip or written while in the visiting country. I will obtain the medical insurance policy provided by EF Tours. Parent Signature Parent Name (print) Date **Water Related Activities Authorization:** I, the undersigned, being the legal guardian for _____ hereby authorize any water related activities for this student while on the EF trip. Check one of the following: The above named student is an experienced swimmer. The above named student is NOT an experienced swimmer.

Parent Signature

Date

Parent Name (print)