

LONDON

2017-2018 VARSITY SPIRIT TOUR REGISTRATION FORM

Please print legibly and use blue or black ink when completing this form.

Return with \$800.00 per person deposit to: Varsity Spirit London Tour

P.O. Box 752790 • Memphis, TN 38175-2790.

For any additional information regarding this tour, please call Varsity Spirit LLC at

888-243-3782. Make \$800.00 deposit check payable to Varsity Spirit London Tour

If your All-American attended camp in June, deadline for deposit is July 11, 2017;

if your All-American attended camp in July, deadline for deposit is August 8, 2017;

if your All-American attended camp in August, deadline for deposit is September 6, 2017.

PARTICIPANT RESERVATION FORM

Full name: (as it will appear on your passport-please print clearly) _____

Name as you would like it printed on your name tag : _____

Mailing address: (for regular mail) _____

Street Address

City, State, Zip

Full physical address: (for UPS/FedEx shipping - same for uniform)

Street Address (no P.O. boxes accepted)

City, State, Zip

Home number: (____) _____ Cell number: (____) _____ All Corresponding Email address: _____

I am Female Male Age at time of travel: ____ Birthdate: ____/____/____ Year in school: Freshman Soph. Junior Senior

Medication allergies (please list) _____

TRAVEL INSURANCE - I WILL: Include \$175 for travel insurance Get my own travel insurance Not have any travel protection

(see www.tripmate.com/wpf440i for more info) Request for travel insurance will not be processed without \$175 payment.

First and second choice of Gateway City: #1 _____ #2 _____

(Final Gateway Assignments will be made in October)

Citizenship: USA Other Country: _____

Roommate(s) name: _____

(If you do not have a roommate, one will be assigned to you by Varsity Spirit LLC. Spectators and Participants may room together.)

E-mail for main contact _____. This will be the e-mail used to correspond with Varsity concerning all travel for participant/spectator traveling with you. (NOTE: All e-mails received by Varsity will be answered if you do not receive confirmation, your e-mail was not processed or received.)

PLEASE RE-READ THE PAYMENT AND CANCELLATIONS SECTIONS BEFORE SIGNING THIS CONTRACT.

I/WE HAVE READ THIS BROCHURE AND UNDERSTAND AND ACCEPT ITS CONTENTS:

Participant's signature DATE: ____/____/____ Phone number: (____) _____

Guardian/Parent's signature DATE: ____/____/____ Phone number: (____) _____

SPECTATOR'S INFORMATION #1

Please check one: I am Parent Relative Coach Advisor Please check one: I am Female Male

Full name: (as it will appear on your passport-please print clearly) _____

Name as you would like it printed on your name tag: _____

Work number: (____) _____ Home number: (____) _____ Cell number: (____) _____

Birthdate: ____/____/____ I am the parent/relative/advisor/coach of: _____

Medication allergies (please list) _____

TRAVEL INSURANCE - I WILL: Include \$175 for travel insurance Get my own travel insurance Not have any travel protection

(see www.tripmate.com/wpf440i for more info) Request for travel insurance will not be processed without \$175 payment.

Citizenship: USA Other Country: _____ Roommate(s) name: _____

(Spectators will be roomed with participants unless we receive a letter telling us differently.)

PLEASE RE-READ THE PAYMENT AND CANCELLATIONS SECTIONS BEFORE SIGNING THIS CONTRACT.

I/WE HAVE READ THIS BROCHURE AND UNDERSTAND AND ACCEPT ITS CONTENTS:

Signature DATE: ____/____/____ Phone number: (____) _____

SPECTATOR'S INFORMATION #2

Please check one: I am Parent Relative Coach Advisor Please check one: I am Female Male

Full name: (as it will appear on your passport-please print clearly) _____

Name as you would like it printed on your name tag: _____

Work number: (____) _____ Home number: (____) _____ Cell number: (____) _____

Birthdate: ____/____/____ I am the parent/relative/advisor/coach of: _____

Medication allergies (please list) _____

TRAVEL INSURANCE - I WILL: Include \$175 for travel insurance Get my own travel insurance Not have any travel protection

(see www.tripmate.com/wpf440i for more info) Request for travel insurance will not be processed without \$175 payment.

Citizenship: USA Other Country: _____ Roommate(s) name: _____

(Spectators will be roomed with participants unless we receive a letter telling us differently.)

PLEASE RE-READ THE PAYMENT AND CANCELLATIONS SECTIONS BEFORE SIGNING THIS CONTRACT.

I/WE HAVE READ THIS BROCHURE AND UNDERSTAND AND ACCEPT ITS CONTENTS:

Signature DATE: ____/____/____ Phone number: (____) _____

NAMES & PHONE NUMBERS OF PEOPLE TO CONTACT IF NECESSARY WHILE YOU ARE ON TOUR:

(PLEASE PROVIDE AT LEAST ONE)

Name: _____

Relationship: _____

Work #: (____) _____

Home #: (____) _____

Cell #: (____) _____

Email _____

Name: _____

Relationship: _____

Work #: (____) _____

Home #: (____) _____

Cell #: (____) _____

Email _____

CANCELLATIONS AND REFUNDS:

(PLEASE READ THIS SECTION

CAREFULLY) Please be familiar with all

cancellation dates. Exceptions cannot be

made. For cancellations that are received

before October 4, 2017 - \$500.00

non-refundable penalty per person -

October 5 to November 1, 2017 additional

\$1000.00 non-refundable penalty per

person - November 2, 2017 to departure

- NO REFUND.

ALL CANCELLATIONS MUCH BE IN

WRITING AND RECEIVED IN THE

Varsity Spirit LLC Office ON OR

BEFORE THE DATES INDICATED.

Varsity Spirit LLC DOES NOT

ACCEPT CANCELLATIONS BY

PHONE! It is your responsibility to call

and confirm that your cancellation was

received. Cancellations may be faxed to

Varsity Spirit LLC @ 800-969-8295 or

email to Jennifer Burnett at

JEBurnett@varsity.com or Chelsea

Simoneaux at CSimoneaux@varsity.com.

Travel insurance information is available

on each brand's website, click on Special

Events. **REMINDER: A copy of the**

picture page of your passport

must be received in our office VIA

REGULAR MAIL by October 4, 2017.

See passport section of brochure

for information details!!

IF YOU FAIL TO COMPLETE ANY

PART OF THIS FORM, IT WILL BE

RETURNED TO YOU FOR COMPLE-

TION, PRIOR TO ACCEPTANCE.

**DEPOSIT AND
TRAVEL INSURANCE
CAN BE INCLUDED
IN ONE CHECK**

**THIS FORM MAY BE
COPIED AS NEEDED**

For credit card payment call our office at 800-238-0286 option 2.

LONDON 2017-2018 VARSITY SPIRIT TOUR

RULES OF CONDUCT & BEHAVIOR

TO BE COMPLETED AND RETURNED FOR ALL PARTICIPANTS AND SPECTATORS. YOUR FINAL DOCUMENTS AND AIRLINE TICKETS WILL BE HELD UNTIL ALL FORMS HAVE BEEN COMPLETED AND ARE RECEIVED IN OUR OFFICE. PLEASE MAKE COPIES OF THIS FORM AS NEEDED.

RETURN VIA MAIL TO: Varsity Spirit London Tour
P.O. Box 752790
Memphis, TN 38175-2790

RETURN VIA FEDEX TO: Varsity Spirit London Tour
6745 Lenox Center Court #300
Memphis, TN 38115

Varsity/Intropa Tours is delighted to be handling the travel and tour arrangements for the VARSITY All-Americans. There will be many girls, boys, parents, and UCA/NCA staff traveling to London as part of this event. We are looking forward to a great New Year's Day event, and would like to take this opportunity to assure all parents that our main

concern is each participant's safety. Therefore, we have established the following rules of conduct and behavior for each Participant and Spectator while on tour. All-American selection is an honor, as each participant are representing their state, their hometown, their school, and most of all their family and themselves. Varsity Spirit LLC, asks each Participant, Parent, and Spectator to carefully read and understand the necessity of these rules.

Participants and Spectators must both sign this form and return it (with registration and other attached forms) to Varsity Spirit LLC. In addition, if Participant and/or Spectator is under 21 years of age, parent signature is also required. Please remember that we want you to have a great time, but within the parameters of this agreement.

RULES OF CONDUCT TO ALL TOUR MEMBERS:

1. I will read all literature and information pertaining to this tour that is sent to me.
2. I understand that during the independent or free time on this tour, I will be able to sightsee or shop in chaperoned groups.
3. I also understand that if any non-tour members are found in my room, they will immediately be expelled from the hotel by hotel security and the Varsity Spirit staff.
4. The use of any controlled substance is strictly PROHIBITED. Failure to comply will result in immediate expulsion from the tour at my own expense.
5. I will be expected to be on time for all tours, sightseeing, excursions, rehearsals, and performances.

I understand and agree that any infraction of these rules and conditions could cause my immediate expulsion from the tour and result in my being sent home at my parent's expense without refund for unused portions of the trip.

RULES OF CONDUCT APPLYING ONLY TO PARTICIPANTS:

1. The use of alcohol and/or any tobacco product is strictly PROHIBITED. No smoking is allowed. Failure to comply will result in immediate dismissal and a letter to your coach and principal.
2. I understand that I am strictly PROHIBITED from allowing any member of the opposite sex in my room, whether or not they are a member of the tour, and to do so will result in immediate expulsion from the tour. I am strictly PROHIBITED from entering the room of a person of the opposite sex.
3. It is my responsibility to learn my routine from the DVD sent to me and to pack and bring all of my uniform to London (including turtleneck).
4. I understand that a curfew will be established each evening and that following "bed checks," I will be expected to stay in my assigned room the remainder of the night.
5. It is strictly PROHIBITED and FORBIDDEN to get a permanent body tattoo or have your body pierced in any place while you are in London.

Participant's Signature

Date

Parent's Signature

Date

Spectator's Signature

Date

IF YOU FAIL TO COMPLETE ANY PART OF THIS FORM, IT WILL BE RETURNED TO YOU FOR COMPLETION, PRIOR TO ACCEPTANCE.

This form can be copied.

LONDON 2017-2018 VARSITY SPIRIT TOUR ALL-AMERICAN CHEER UNIFORM

- Universal Cheerleaders Association National Cheerleaders Association United Spirit Association

It is very important that each participant measures correctly for these uniforms. Please watch the video instructions on london.varsity.com and click on uniforms in the drop down. Even if you have purchased Varsity Uniforms, every uniform style measures differently. Exchanges may not be available for this event.

PARTICIPANT ADDRESS

Full Legal Name: _____
 Shipping Address (Please no P.O. Box Numbers) _____
 City _____ State _____ Zip _____
 Phone Number: (_____) _____
 I attended 2017 UCA/NCA/USA camp at: _____
 Date the Camp Began: _____ Home Camp Overnight/DayCamp
 Name of University/School/Home Camp _____
 Name of your School/Team: _____
 City and State of your School/Team: _____

SPECTATOR Please fill out ONLY if you have purchased the tour package!

Spectator #1 Full name: _____
SOUVENIR T-SHIRT: (will be shipped with participant's uniform) Youth Large Small Medium Large X-Large 2X-Large 3X-Large
 Spectator #2 Full name: _____
SOUVENIR T-SHIRT: (will be shipped with participant's uniform) Youth Large Small Medium Large X-Large 2X-Large 3X-Large

FEMALES ALL AMERICAN PULLOVER JACKET:

- XS (28-30") S (31-33") M (34-36") L (37-39") XL (40-42") 2XL (43-45") 3XL (46-48")

Women's Bodyliner/MotionFlex® Shell/Dance Top

CHECK SIZE	BUST MEASUREMENT	SIZE
	24-26"	2XS
	27-29"	XS
	30-32"	S
	33-35"	M
	36-38"	L
	39-41"	XL
	42-44"	2XL
	45-47"	3XL
	48-50"	4XL
	51-53"	5XL

BRIEFS:

- S M L
 XL 2XL

SOUVENIR

T-SHIRT: Adult Sizes

- Youth Large (14-16)
 Small
 Medium
 Large
 X-Large
 2X-Large

SKIRT

CHECK SIZE	SIZE	WAIST	HIPS	LENGTH
	XS	20-22"	30-32"	10"
	S	23-25"	33-35"	12"
	M	26-28"	36-38"	13"
	L	29-31"	39-41"	14"
	XL	32-34"	42-44"	15"
	2XL	35-37"	45-47"	16"
	3XL	38-40"	48-50"	16"
	4XL	41-43"	51-53"	17"

(IF YOU MEASURE IN BETWEEN SIZES, GO WITH THE LARGER SIZE)

MALES

SOUVENIR T-SHIRT:

- Small Medium Large
 X-Large 2X-Large 3X-Large

ALL AMERICAN PULLOVER JACKET:

- XS (28-30") S (31-33") M (34-36") L (37-39") XL (40-42")
 2XL (43-45") 3XL (46-48")

CHEER PANTS: WAIST (in inches) _____
*Pants will be shipped unhemmed.

UNIFORM TOP SIZE:

Unisex Sizing: Please add 1" to your measurement for a looser fit.

CHECK SIZE	CHEST	SIZE
	30-31"	XS
	32-33"	S
	34-35"	M
	36-37"	L
	38-39"	XL
	40-41"	2XL
	42-43"	3XL

Varsity Spirit • London Tour
P.O. Box 752790
Memphis, TN 38175-2790

Please call Ginger Hauser at Varsity Spirit LLC with any questions regarding your uniform at 800.238.0286, ext. 4363 or email Ghauser@varsity.com

NOTE: YOUR UNIFORM WILL BE SHIPPED FEDEX/UPS TO THE ABOVE ADDRESS UNLESS WE RECEIVE A FAX (800.969.8295) OR EMAIL Jennifer Burnett- JEBurnett@varsity.com or Chelsea Simoneaux- CSimoneaux@varsity.com

2017 London Varsity Tour

MINOR Release and Waiver Form

Minor's Name _____
(Please Print)
Address _____
City _____ St _____ Zip _____
Phone _____
School Name _____

LIABILITY RELEASE. For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I _____, as parent or legal guardian of _____, a minor (hereinafter "Minor", hereby grant the permission necessary to allow this minor to participate in ("the Event") on or about December 25, 2017 through January 2, 2018 to be conducted by Varsity Spirit LLC ("Varsity Spirit"), d/b/a Universal Cheerleaders Association ("UCA"), d/b/a Universal Dance Association ("UDA"), d/b/a National Cheerleaders Association ("NCA"), d/b/a National Dance Alliance ("NDA"), d/b/a United Spirit Association ("USA"), and/or Intropa Tours. I, in my own behalf and on behalf of the Minor, further agree to release and to hold harmless Varsity Spirit, Varsity Spirit's Corporate Sponsors (hereinafter "Sponsors"), the Hosting site, (hotel, parade organizations and other entity providing service while on this Event and on whose premises the Event will occur (hereinafter the "Location") the affiliates of Varsity Spirit and the Location, and the respective directors, officers, representatives, members, agents and employees of Varsity Spirit, Sponsors, the Location and their respective affiliates (hereinafter collectively "Releasees") from any and all liability for negligence or any other claim judgement, loss, liability, cost and expenses (including, without limitations, attorney's fees and costs) arising out of or connected with the Event, including any claim arising out of or connected with any illness or injury (minimal, serious, catastrophic and/or death) that the Minor may incur or sustain during the Event, all activities associated with the Event and while traveling to and from the site for the Event whether or not the Event actually occurs. I further expressly agree to indemnify and hold harmless Releasees and Releasees' heirs, successors, assigns, executors and administrators against loss from any further claims, demands or actions that may subsequently be brought by Minor or by any other persons on the account of damages of any character resulting to Minor in any way from the foregoing activities. I further agree to reimburse and to make good to Releasees any loss, or costs Releasees may have to pay as a result of any such action, claim, or demand.

I, in my own behalf and on behalf of the Minor, hereby warrant that I have read this Liability Release in its entirety and fully understand its contents. I, in my own behalf and on behalf of the Minor, am aware that this Liability Release releases Releasees from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness. I, in my own behalf and on behalf of the Minor, further acknowledge that nothing in this Liability Release constitutes a guarantee that the Event will occur. I, in my own behalf and on behalf of the Minor, have signed this document voluntarily and of my own free will.

Signature of Parent of Legal Guardian X _____ Date: ____/____/____

MEDICAL RELEASE. I, in my own behalf and on behalf of the Minor, acknowledge and agree that such participation subjects Minor to possibility of physical illness or injury (minimal, serious, catastrophic, and/or death) and that I, in my own behalf and on behalf of the Minor, acknowledge that the Minor is assuming the risk of such illness or injury by participating in the Event. In the event of such illness or injury, I authorize Varsity Spirit to obtain necessary medical treatment of the Minor and hereby, in my own behalf and on behalf of the Minor, release and hold harmless Releasees in the exercises of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of the Minor for any illness or injury that the Minor may sustain during the Event and while traveling to and from the site for the Event whether or not the Event actually occurs.

APPEARANCE AGREEMENT. I understand that Varsity d/b/a Universal Cheerleaders Association ("UCA"), d/b/a Universal Dance Association ("UDA"), d/b/a National Cheerleaders Association ("NCA"), d/b/a National Dance Alliance ("NDA"), d/b/a United Spirit Association ("USA"), and Intropa Tours from time to time produces promotional material relating to its programs. I understand that as a participant and/or a spectator at the Event that Minor may be included in videotapes, photographs, DVD's, Podcasts, and videocasts taken during the Event. Therefore, without reservation of limitations, I, in my own behalf and on behalf of the Minor, hereby assign, transfer and grant to Varsity Spirit, d/b/a Universal Cheerleaders Association ("UCA"), d/b/a Universal Dance Association ("UDA"), d/b/a National Cheerleaders Association ("NCA"), d/b/a National Dance Alliance ("NDA"), d/b/a United Spirit Association ("USA"), its successors, assignees, licensees, sponsors, and television networks, and all other commercial exhibitors the exclusive right to photograph and/or videotape the Minor and to utilize such videotapes and photographs and Minor's name, face likeness, voice and appearance as a part of the Event, in advertising and promoting the Event or in advertising and promoting similar future events. I further understand that neither Varsity Spirit nor any third party is under any obligation to exercise any of the foregoing rights, licenses and privileges.

DEBILITATING CONDITION CLAUSE. To the best of my knowledge, the Minor, (name) _____, does not have any medical conditions or debilitating illnesses that would hinder, hamper, or prevent him/her from being a full participant on this trip. I understand that if before December 26, 2017 his/her medical situation changes I will contact Mike Fultz - Tour Director at 1-800-238-0286 ext. 4329 and discuss the situation.

Signature of Parent of Legal Guardian X _____ Date: ____/____/____

INSURANCE

Insurance Company: _____ Medical Insurance Policy Number _____

Insurance Company Address: _____

I represent that any medication to which Minor is allergic or medications that Minor is currently taking are listed below. I agree that Minor shall bring medications which Minor is currently taking with him/her to the Event and that he/she shall consume the prescribed dosage for such medications.

Medications (if any): _____

Allergic to (if any): _____

I acknowledge that the Minor suffers from the following conditions: _____

Family Doctor: _____ Phone Number: (____) _____

School Name (of participant) _____

EMERGENCY INFORMATION

Name: _____ Relationship: _____

Address: _____ Work#: (____) _____ Home#: (____) _____

City, State, Zip: _____ Cell#: (____) _____

I, in my own behalf and on behalf of the Minor, hereby warrant that I have read this LONDON TOUR Participant Release and Waiver Form in its entirety and fully understand its concerns. I, in my own behalf and on behalf of the Minor, am aware that this Participant Release and Waiver Form releases Releasees from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness. I, in my own behalf and on behalf of the Minor, further acknowledge that nothing in this Participant Release and Waiver Form constitutes a guarantee that the Event will occur. I, in my own behalf and on behalf of the Minor, have signed this document voluntarily and of my own free will.

Signature of Parent of Legal Guardian X _____

Relationship to Minor: _____ Minor Birthdate: ____/____/____

I, identified above as Minor, acknowledge that I have read this LONDON TOUR Release and Waiver Form.

Signature of Minor X _____ Date: ____/____/____ Witness Address: _____

Signature of Witness X _____ Date: ____/____/____ _____

Every minor on the tour package must complete this form and return to Varsity's office with the initial registration.

2017 London Varsity Tour Adult Release and Waiver Form

Adult's Name _____
(Please Print)
Address _____
City _____ St _____ Zip _____
Phone _____
School Name _____

LIABILITY RELEASE. For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I agree to participate in ("the Event") on or about December 25, 2017 through January 2, 2018 to be conducted by Varsity Spirit LLC ("Varsity Spirit"), d/b/a Universal Cheerleaders Association ("UCA"), d/b/a Universal Dance Association ("UDA"), d/b/a National Cheerleaders Association ("NCA"), d/b/a National Dance Alliance ("NDA"), d/b/a United Spirit Association ("USA"), and/or Intropa Tours. I further agree to release and to hold harmless Varsity Spirit, Varsity Spirit's Corporate Sponsors (hereinafter "Sponsors"), the Hosting site, (hotel, parade organizations and other entity providing service while on this Event and on whose premises the Event will occur (hereinafter the "Location") the affiliates of Varsity Spirit and the Location, and the respective directors, officers, representatives, members, agents and employees of Varsity Spirit, Sponsors, the Location and their respective affiliates (hereinafter collectively "Releasees") from any and all liability for negligence or any other claim judgement, loss, liability, cost and expenses (including, without limitations, attorney's fees and costs) arising out of or connected with the Event, including any claim arising out of or connected with any illness or injury (minimal, serious, catastrophic and/or death) that I may incur or sustain during the Event, all activities associated with the Event and while traveling to and from the site for the Event whether or not the Event actually occurs. I further expressly agree to indemnify and hold harmless Releasees and Releasees' heirs, successors, assigns, executors and administrators against loss from any further claims, demands or actions that may subsequently be brought by me or by any other persons on the account of damages of any character resulting to me in any way from the foregoing activities. I further agree to reimburse and to make good to Releasees any loss, or costs Releasees may have to pay as a result of any such action, claim, or demand.

I hereby warrant that I have read this Liability Release in its entirety and fully understand its contents. I am aware that this Liability Release releases Releasees from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness. I further acknowledge that nothing in this Liability Release constitutes a guarantee that the Event will occur. I have signed this document voluntarily and of my own free will.

Signature of Adult X _____ Date: ____/____/____

MEDICAL RELEASE. I acknowledge and agree that such participation subjects me to possibility of physical illness or injury (minimal, serious, catastrophic, and/or death) and that I acknowledge that I am assuming the risk of such illness or injury by participating in the Event. In the event of such illness or injury, I authorize Varsity Spirit to obtain necessary medical treatment of me and hereby release and hold harmless Releasees in the exercises of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred by me for any illness or injury that I may sustain during the Event and while traveling to and from the site for the Event whether or not the Event actually occurs.

APPEARANCE AGREEMENT. I understand that Varsity ("Varsity Spirit"), d/b/a Universal Cheerleaders Association ("UCA"), d/b/a Universal Dance Association ("UDA"), d/b/a National Cheerleaders Association ("NCA"), d/b/a National Dance Alliance ("NDA"), d/b/a United Spirit Association ("USA"), and/or Intropa Tours from time to time produces promotional material relating to its programs. I understand that as a participant and/or a spectator at the Event that I may be included in videotapes, photographs, DVD's, Podcasts, and videocasts taken during the Event. Therefore, without reservation of limitations, I hereby assign, transfer and grant to Varsity Spirit, d/b/a Universal Cheerleaders Association ("UCA"), d/b/a Universal Dance Association ("UDA"), d/b/a National Cheerleaders Association ("NCA"), d/b/a National Dance Alliance ("NDA"), d/b/a United Spirit Association ("USA"), its successors, assignees, licensees, sponsors, and television networks, and all other commercial exhibitors the exclusive right to photograph and/or videotape me and to utilize such videotapes and photographs and my name, face likeness, voice and appearance as a part of the Event, in advertising and promoting the Event or in advertising and promoting similar future events. I further understand that neither Varsity Spirit nor any third party is under any obligation to exercise any of the foregoing rights, licenses and privileges.

DEBILITATING CONDITION CLAUSE. To the best of my knowledge, I, (name) _____, do not have any medical conditions or debilitating illnesses that would hinder, hamper, or prevent me from being a full participant on this trip. I understand that if before December 26, 2017 my medical situation changes I will contact Mike Fultz - Tour Director at 1-800-238-0286 ext. 4329 and discuss the situation.

Signature of Adult X _____ Date: ____/____/____

INSURANCE

Insurance Company: _____ Medical Insurance Policy Number _____

Insurance Company Address: _____

I represent that any medication to which I am allergic or medications that I am currently taking are listed below. I agree that I shall bring medications which I am currently taking with me to the Event and that I shall consume the prescribed dosage for such medications.

Medications (if any): _____

Allergic to (if any): _____

I acknowledge that I suffer from the following conditions: _____

Family Doctor: _____ Phone Number: (____) _____

School Name (of participant) _____

EMERGENCY INFORMATION

Name: _____ Relationship: _____

Address: _____ Work#: (____) _____ Home#: (____) _____

City, State, Zip: _____ Cell#: (____) _____

I hereby warrant that I have read this LONDON TOUR Participant Release and Waiver Form in its entirety and fully understand its concerns. I am aware that this Participant Release and Waiver Form releases Releasees from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness. I further acknowledge that nothing in this Participant Release and Waiver Form constitutes a guarantee that the Event will occur. I have signed this document voluntarily and of my own free will.

Signature of Adult X _____

Every adult on the tour package must complete this form and return to Varsity's office with the initial registration.