

CITRUS COLLEGE
APPLICATION FOR SUMMER ABROAD IN CHINA 2009

Contact: Lynn Jamison, Study Abroad Coordinator (626) 914-8560 ljamison@citruscollege.edu

Program Dates: June 17 – July 7, 2009 Departure City: Los Angeles, CA

ENROLLMENT PROCEDURE – Please read all directions carefully

1. Attach a \$350 deposit check (made payable to Shanghai Spring International Travel) to this registration form and mail to:
Citrus College Study Abroad, 1000 W. Foothill Blvd., Glendora, CA 91741
Deposit deadline: March 27, 2009

Balance of fees due: April 24, 2009. Participants will need to apply for an L Tourist VISA. Airline ticket and hotel confirmation will be required for the L Tourist Visa and will be provided to all fully paid participants.

PARTICIPANT INFORMATION

Please list your name as it appears, or will appear, on your passport

NAME _____ MALE ___ FEMALE ___ TELEPHONE # () _____

HOME MAILING ADDRESS _____

EMAIL ADDRESS _____ CELL PHONE () _____

AGE _____ DATE OF BIRTH _____ CITIZEN OF _____

PASSPORT NO. _____ DATE OF ISSUE _____ EXPIRES _____

EMERGENCY CONTACT WHILE IN CHINA _____ RELATIONSHIP _____

ADDRESS _____ EMERGENCY TELEPHONE _____

ACCOMMODATION REQUEST:

Hotel accommodations are based on twin-bedded rooms. Roommates can be requested if known. Optional information will help Shanghai Spring Tours place roommates.

Responding to the following questions is optional. Our objective is to provide a safe and enjoyable study abroad experience for all participants. This information will be kept strictly confidential and will only be disclosed to the parties involved: your tour director, your program professor, Citrus College Study Abroad, and Shanghai Spring International Travel.

Name of preferred roommate (if known) _____

Do you smoke? _____

Do you object to a roommate who smokes? _____

What interests or hobbies do you enjoy? _____

Do you consider yourself a quiet person? _____

Do you require a special diet? _____ Please explain _____

Do you have any physical conditions that require special consideration? _____ Please explain _____

Do you have any medical or psychiatric conditions? _____ Please explain _____

List all prescription medications you are currently taking _____

Agreement and Release Form

I, the undersigned, an applicant for an overseas study program of Shanghai Spring International Travel Service (the Institute), acknowledge that I have read and accept the terms and conditions set forth in the application which are incorporated in this agreement. This agreement is a legally binding contract. I acknowledge and accept the terms of the refund policy as outlined below:

If a participant withdraws in writing

She/he receives

On or before May 1, 2009	All fees paid less \$350
After May 1, 2009, but on or before May 18, 2009	All fees paid less \$500
After May 19, but on or before May 27, 2009	All fees paid less \$700
After May 27, 2009	No refund, and students is responsible for entire program fee.

All requests for refund must be made in writing, signed, and addressed or faxed to:

Shanghai Spring International Travel Service
1212 S. Atlantic Blvd # 101, 201
Alhambra, CA 91803
Tel 626 571 5800
Fax 626 571 5200

I unconditionally release the Institute from any claims for damage, injury, loss, or expense of any nature resulting from events beyond its control, including without limitation: Acts of God, war, strikes, crime, terrorism, sickness or quarantine, government restrictions or regulations. This release also applies to any losses arising from the use of any vehicle or from the selection of, or from any act or omission by any host family, bus or car rental agency, steamship, airline, railroad, taxi or tour service/organizer, hotel service, hotel, restaurant, school, university/college, or other firm, agency, company or individual, unless the loss is caused by the gross negligence of the Institute.

I understand that I am responsible for exercising caution and common sense at all times to avoid injuries, and that the Institute cannot provide supervision or support during periods of independent travel.

I agree that if I become ill or incapacitated, the Institute, or its emergency assistance company may take such actions as it considers necessary under the circumstances, including securing medical treatment for me and transporting me to the United States. I release the Institute from any liability relating to this medical care. I also authorize the Institute to take whatever action it deems to be necessary and in my best interest (including transporting me out of the host country or back to the United States, at my own expense) in the event of political unrest or any other unforeseen event or condition. If the Institute incurs any expense on my behalf I agree to make immediate repayment upon my return.*

I will comply with the Institute's rules, standards and instructions, and understand that failure to do so may result in being sent home at my own expense, with no refund. I understand that my participation may be terminated if I am expelled from school or otherwise disciplined by school or civil authorities, or if the Institute, in its sole discretion, determines that my conduct is incompatible with the interests, harmony, comfort, or welfare of the other students. I agree to indemnify the Institute if I do anything that causes the Institute to sustain financial loss or liability.

I understand that the Institute provides insurance coverage for my benefit while in the program, including limited health, accident, accidental death, personal effects and tuition refund insurance. I acknowledge that it is my responsibility to understand the limitations of this coverage and agree that the Institute is not responsible for any uninsured losses.

I understand that the Institute reserves the right to make changes, cancellations or substitutions in cases of changed conditions or emergency, or based upon the interest of the group. I understand if I am terminated from the program, there will be no refund of Shanghai Spring International Travel Service fees.

I understand that obtaining a passport and any other required travel documents is my sole responsibility. I agree to hold the Institute harmless in the even that I am unable to obtain the necessary documents for participation in the program and to indemnify the Institute for any costs to it that result form my failure to obtain the required documentation.

I understand that from time to time the Institute's publicity material may include statements by its participants and/or their photographs, and I consent to such use of my comments and photographic likeness.

This agreement will be effective when my application is accepted by the Institute and shall be governed by the laws of the State of California. This agreement cannot be modified except in writing by the Institute.

I agree that any dispute with the Institute that is not settled informally will be submitted to binding arbitration, to be conducted in substantial accordance with the rules of the American Arbitration Association. The location of the arbitration and identity of the arbitrator will be decided by mutual agreement, with the costs to be shared equally between the parties, and the decision of the arbitrator shall be final. By signing this agreement, I understand that I am giving up my right to have any claim against the Institute decided in Court before a judge or jury.

References in this agreement to "the Institute" shall include the Shanghai Spring International Travel Service, Inc., and all of its agents, employees, affiliated companies, campus directors, chaperones, group leaders, teachers, host school and school officials.

Signature of Applicant _____ Printed Name _____