



AHIF Summer Foreign Policy Trip to Greece and Cyprus Information Form and Release Agreement

This Information Form and Release Agreement ("Agreement") are submitted to the American Hellenic Institute Foundation, Inc. ("AHIF"), as an application for participation by the below-designated student ("Participant") to participate in the AHIF Foreign Policy Trip to Greece and Cyprus ("AHIF Foreign Policy Trip"), scheduled to take place June 17 to July 2, 2010.

STUDENT INFORMATION

First Name: _____ MI: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: () _____ Mobile: () _____ E-mail: _____

Date of Birth: ___/___/___ Age: _____ First Name for Nametag (if other than name above) _____ Male Female

*Social Security #: _____ or *Passport #: (Non-US Citizens): _____

*Country Where Passport Issued: _____

**Required for entry into certain Government buildings*

PARENT / GUARDIAN INFORMATION

Primary Parent/Guardian's Name _____ Other Parent/Guardian's Name _____

Address _____ Address _____

City _____ State _____ Zip Code _____ City _____ State _____ Zip _____

Relationship: _____ Mobile () _____ Relationship: _____ Mobile () _____

Home Phone:() _____ Work:() _____ Home Phone:() _____ Work:() _____

E-mail: _____ E-mail: _____

Occupation: _____ Employer: _____

Occupation: _____ Employer: _____

ACADEMIC INFORMATION

College: _____ College Phone: () _____

College Address: _____ City: _____ State: _____ Zip: _____ Country: _____

Degree being pursued: _____

Cumulative GPA: _____ Current grade: _____ College Graduation Year: _____

Related Job/Internship: _____ Related Job/Internship: _____

Related Job/Internship: _____

MEDICAL INFORMATION

Height: _____ Weight: _____ (lbs) Hair: _____ Eyes: _____

Place of Birth: City: _____ State: _____ Country: _____

Emergency Contact (other than parent): _____ Relationship: _____

Home Phone: () _____ Work Phone: () _____ Mobile: () _____

Do you (Participant) have any disability or medical or psychological condition that might affect or limit your participation in the AHIF Foreign Policy Trip to Greece and Cyprus or require special assistance, facilities, or accommodations? Yes No If yes, please explain: _____

Note: Accommodations are determined on a case by case basis and are subject to timely notification and application. Failure to advise AHIF in a timely fashion may result in an inability to accommodate special needs and disqualify Participant from participation.

MEDICAL HISTORY

Have you ever had, or are you taking treatment /medication for any of the following (if yes, please explain below):

___ Convulsions, seizures or epilepsy	___ Vision impairment	___ Recent injuries	___ Physical limitations
___ Fainting spells or dizziness	___ Mental disorder	___ Diabetes	___ Chemical dependency
___ Allergies to insects or plants	___ Asthma or wheezing	___ Heart murmur	___ Behavioral disorder
___ Adverse reaction to medication	___ Hearing Impairment	___ Bleeding disorder	___ Other (please explain)
___ Recent surgery	___ Food allergies		

Please explain any items checked (use additional sheet if necessary): _____

MEDICATIONS

Please indicate any medications that the student takes regularly and those she/he might need to take while participating in the AHIF Foreign Policy Trip (use additional sheet if necessary):

Medication: _____ Medication: _____

Dosage: _____ Dosage: _____

All medications to be taken during the AHIF Foreign Policy Trip must be clearly labeled with the student's name, dosage amount, dosage times and prescribing physician's name and phone number. All medications must be in the original container. If the participant will require refrigeration for medication during the AHIF Foreign Policy Trip, the participant must give AHIF advance notice. Storage will be subject to availability of refrigerated storage at any particular location during the AHIF Foreign Policy Trip. AHIF may store medications on the student's behalf but will in no event be responsible for dispensing medications or for lost, stolen, or misplaced medication.

INSURANCE INFORMATION

Please provide us with your complete and current healthcare provider and health insurance information:

Doctor's Name: _____ Insurance Carrier: _____

Doctor's Address: _____ Carrier Phone #: _____

City: _____ State: _____ Zip: _____ Policy/Group #: _____

Doctor's Phone () _____ Member/ID Number: _____

Participants must have health insurance to participate in an AHIF Foreign Policy Trip to Greece and Cyprus. No Exceptions.

MEDICAL TREATMENT AND HOSPITAL SERVICES CONSENT

We, the undersigned parents/guardians of the Participant, hereby consent and grant permission, should the necessity arise, to the furnishing of medical treatment and hospital services to him/her as ordered or recommended by a qualified physician, licensed nurse, or emergency medical technician (including the administration of anesthesia and the conducting of laboratory and diagnostic procedures) at a hospital, clinic, or other medical facility or on the scene in the event of medical or surgical emergency. We hereby authorize all attending physicians, nurses, emergency medical technicians, hospitals, clinics, and other medical facilities and providers having medical records or information relating to the participant or to any treatment or services given to him/her to release such records and information to AHIF and its agents.

Initials _____

WAIVER OF PHYSICAL EXAMINATION AND DISCLOSURE OF INFORMATION

We, the undersigned parents/guardians of the Participant, waive the Participant's physical examination prior to participating in the AHIF Foreign Policy Trip.

WE UNDERSTAND THAT WE HAVE FULL RESPONSIBILITY TO INFORM AHIF IN ADVANCE OF ANY PRECAUTIONS THAT SHOULD BE TAKEN IN RESPECT OF A PARTICIPANT'S PHYSICAL OR PSYCHOLOGICAL CONDITION AND TO DISCLOSE ANY INFORMATION ABOUT SUCH CONDITIONS REASONABLY NECESSARY FOR AHIF TO EVALUATE THE PARTICIPANT'S SUITABILITY TO PARTICIPATE IN THE AHIF FOREIGN POLICY TRIP AND FOR AHIF, ITS AGENTS, AND LOCAL PHYSICIANS AND MEDICAL PERSONNEL TO ACCOMMODATE THE PARTICIPANT DURING THE AHIF FOREIGN POLICY TRIP SHOULD HE/SHE BE ACCEPTED FOR PARTICIPATION AND SHOULD MEDICAL ATTENTION BE REQUIRED. SUCH INFORMATION WILL BE DISCLOSED ONLY AS NECESSARY TO EVALUATE OR ACCOMMODATE THE PARTICIPANT.

Initials _____

CONSENT FOR PARTICIPATION

We the undersigned parents/guardians, in consideration for the benefits to be derived by our son/daughter, and subject to AHIF's acceptance of our son/daughter for participation in the AHIF Foreign Policy Trip, do hereby consent to his/her participation in all programs and activities comprising the AHIF Foreign Policy Trip. This consent acknowledges our agreement that our son's/daughter's participation will be in accordance with the terms and conditions stated in this Information Form and Release Agreement.

Initials _____

RELEASE AND INDEMNIFICATION

In consideration for participation in the AHIF Foreign Policy Trip to Greece and Cyprus, which will take place in metropolitan Washington, DC (including the Commonwealth of Virginia, the District of Columbia, and the State of Maryland) and the Republics of Cyprus and Greece, EACH OF THE UNDERSIGNED, for himself or herself and his/her personal representatives, executors, administrators, assigns, heirs, and next of kin ("Releasors"), acknowledges, agrees, and represents that he/she:

- 1. RELEASES, WAIVES, FOREVER DISCHARGES, AND COVENANTS NOT TO SUE AHIF, the American Hellenic Institute, Inc., their respective subsidiaries, affiliates, officers, directors, employees, agents, representatives, successors, and assigns and all other participants, sponsors, promoters, venue operators and owners, transportation providers, and all owners, lessors and lessees of premises used to conduct or associated with the AHIF Foreign Policy Trip to Greece and Cyprus ("Releasees"), and each of them, of and from all

liability to the Releasers for any and all loss or damage, and any claim or demand therefor, on account of illness, injury, accident, or death of the Participant, whether caused by the negligence of the Releasees or otherwise, while the Participant is participating in the AHIF Foreign Policy Trip to Greece and Cyprus from the time of Participant's departure from home until his/her return there-to.

2. AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Releasees, and each of them, from any loss, liability, damage, or cost they may incur due to or resulting from the undersigned Participant's participating in the AHIF Foreign Policy Trip.
3. ASSUMES FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE OR LOSS, due to the negligence of Releasees or otherwise, while participating in the AHIF Foreign Policy Trip. EACH OF THE UNDERSIGNED EXPRESSLY ACKNOWLEDGES AND AGREES that the AHIF Foreign Policy Trip, including travel to and from activities comprising the AHIF Foreign Policy Trip, carries the risk of serious injury and/or property damage or loss.
4. GRANTS PERMISSION to AHIF and the American Hellenic Institute, Inc., severally, now and forever, without obligation, to use photographs, videotapes, motion pictures, recordings, or other records of my participation in the AHIF Foreign Policy Trip ("Graphics and Information") for advertising and promotional materials and for any other purpose they, in their sole discretion, deem necessary or useful. This grant includes the right to publish and post such Graphics and Information on any website and to license others to do so.
5. AGREES that any dispute arising out of or relating to this Information Form and Release Agreement or to Participant's participation in the AHIF Foreign Policy Trip shall be resolved by arbitration conducted before a single arbitrator in Washington, D.C., in accordance with the then-prevailing applicable rules of American Arbitration Association.

Each of the undersigned further expressly agrees that the terms of this Information Form and Release Agreement are intended to be construed as broadly and inclusively as permissible, and that if any portion thereof is held invalid the balance shall, notwithstanding, continue in full legal force and effect.

Each of the undersigned has read and voluntarily signs this Information Form and Release Agreement. They each represent and warrant that all disclosures are truthful and complete and acknowledge that AHIF will rely on such representation and warranty as an inducement to accept the Participant for participation in the AHIF Foreign Policy Trip. They each understand and agree that Participant's acceptance for participation is within AHIF's sole discretion.

PARTICIPANT

Name (printed) _____

Signature _____

Date of Signature _____

\$250 Deposit Payment Information:

Payment by: Check (payable to AHIF)

Payment by Credit Card: Visa Master Card Amex

Name of the card holder:

Address _____

City _____

State _____ Zip _____

Daytime Phone _____

Email: _____

Credit Card No: _____

Exp. date _____ V-code _____

Signature: _____

PARENT/LEGAL GUARDIAN 1

Name (printed) _____

Signature _____

Date of Signature _____

PARENT/LEGAL GUARDIAN 2

Name (printed) _____

Signature _____

Date of Signature _____