



PARTICIPATION AGREEMENT

Parents of Student / Youth Participants please fill out the following:

I have read the above information regarding COLD SPRING HARBOR HIGH SCHOOL trip to Washington D C 4 days and would like my child/ward to participate.

Students/Participants Name - Please Print

I, _____, realize there are inherent risks in travel and hereby release and discharge Fantastic Tours & Travel, and its agents and employees from and against any and all liability arising from my child/ward (insert participants name) _____, participation in the trip/tour of Washington D C 4 days. I agree that this release will be legally binding upon myself, my heirs, successors, assigns and legal representatives; it being intention to fully assume all risk of travel and to release Fantastic Tours & Travel Inc from any and all liabilities to the maximum permitted by law.

Parent/Guardian's Signature

Date

Parent/Guardian Name Printed

Date

Chaperone / Adult (Over 18) Participants please fill out the following:

I have read the above information regarding COLD SPRING HARBOR HIGH SCHOOL trip to Washington D C 4 days and would like to participate.

I, _____, realize there are inherent risks in travel and hereby release and discharge Fantastic Tours & Travel, and its agents and employees from and against any and all liability arising from my participation in the trip/tour of Washington D C 4 days. I agree that this release will be legally binding upon myself, my heirs, successors, assigns and legal representatives; it being intention to fully assume all risk of travel and to release Fantastic Tours & Travel Inc from any and all liabilities to the maximum permitted by law.

Signature

Date