

.....
Reservation Form (due by Monday, April 10th 2023)

Culture and Language Voyage to Biarritz, France
Saturday, August 12 – Saturday, August 19, 2023

Here by referred to in all the forms as “The Biarritz Trip”

**Discover Biarritz and the Atlantic coast and improve your French
in a complete French immersion experience!**

Organized by the French Institute Alliance Française (FIAF)
in collaboration with France Langue (the “Organizers”)

Name(s) of participant:

Date of Birth of participant (MM/DD/YY): Nationality of participant:

French level of participant: Beginner Intermediate

Name(s) of legal guardian 1: Relationship:

Address:

City: State: Zip:

Phone number of legal guardian 1:

Email of legal guardian 1:

Name(s) of legal guardian 2: Relationship:

Address:

City: State: Zip:

Phone number of legal guardian 2:

Email of legal guardian 2:

TRIP COST AND DEPOSIT: Trip cost per person is **\$7,300** (all included).

My trip includes:

round-trip economy flight to Biarritz from New York, French classes at *France Langue*, 3 meals per day, housing accommodation with a host family arranged by France Langue, tickets for various activities, and local transportation.

A deposit of **\$2,000** per person is required by **Monday, April 10th, 2023**. The remaining amount of **\$5,300** is due by **Friday, June 2nd, 2023**.

ACCOMODATION - Homestay preferences - Information for France Langue

- Allergies to pets: _____
- Food allergies or restrictions: _____
- My child can live with a family with children My child can live with pets
- Special diets: _____ Vegan Gluten free
- Any other important information we should know about participant prior to departure: _____

PAYMENT INFORMATION

I have enclosed:

- The total trip cost \$ _____ for _____ participant(s)
- A deposit of \$ _____ for _____ participant(s)

Payment method:

- I have enclosed a check payable to the French Institute Alliance Française (FI AF)
- I want to pay by credit card (note that a 5% processing fee will be added to the total):
 - Visa Mastercard American Express

Credit Card No. _____ Expiration _____

Biling Address _____

City _____ State _____ Zip _____

If paying by card, I authorize the French Institute Alliance Française (FI AF) to charge the balance tuition payment if applicable to the card above on Mon, June 5th, 2023.

Signature _____ Date _____

TERMS, CONDITIONS AND CANCELLATION POLICY

Travel Arrangements

Economy flights from NYC to Biarritz, Biarritz to NYC and transportation from and to Biarritz’s airport, and within Biarritz for the duration of the program will be provided by the Organizers (FIAF and France Langue).

Responsibility

FIAF and France Langue act only as a provider with respect to travel and shall, under no circumstances, be held responsible for injury, damage, loss, accident, delays, or any unpredictable event whatsoever. Therefore, no refund or compensation will be made by FIAF or France Langue for any damages incurred by the participant. Participants are required to purchase their own travel insurance with emergency and medical coverage and provide that information to the Organizers.

Reservations and Cancellations

Registration form and deposit must be received by **April 10th, 2023**. As space is limited to 10 spots, reservations will be honored in the order received. Full trip payment must be completed by **June 2nd, 2023**.

Cancellation requests must be submitted in writing to Chloé Lagrange – FIAF Youth Programs Coordinator at clagrange@fiarf.org.

For cancellations **before or on June 3rd, 2023**, a **\$500** fee per person will be deducted from the refund. Cancellations received **after June 3rd, 2023**, will result in **forfeiture of the full deposit amount** per person. Cancellations received **after July 3rd, 2023**, will result in **forfeiture of 50% of the full trip cost** per person. Cancellations received **after July 10th, 2023**, will necessitate **forfeiture of the full trip cost** per person.

By signing and returning this Reservation Form, you acknowledge that you have read and agreed to the terms and conditions as indicated. You specifically waive any claims of action against FIAF, its Board of Directors, its staff, and its representatives, as well as against France Langue in case of any loss of property, accident, or injury in connection with this program.

You also accept that you are responsible for any travel visa / permit that might be required to allow the participant to travel to France and for return to the United States. The Organizers are not responsible for any immigration issues to France or to the United States.

You authorize the Organizers to use photos and/or videos of the participant for promotional or advertising use. All collected material will remain property of the Organizers.

Date

Name and signature of the legal guardian

Please return this form with deposit payment no later than Monday, April 10th, 2023, to:

French Institute Alliance Française (FIAF)

Chloé Lagrange, Youth Programs

22 East 60th Street

New York, New York, 10022

clagrange@fiarf.org

Appendix A

Emergency & Medical Form

As most of the afternoons will consist of surfing lessons, by submitting this form, you confirm that the participant knows how to swim.

Name(s) of participant:

Emergency contacts

1. Name: Family Name:

Phone: Relationship to the participant:

2. Name: Family Name:

Phone: Relationship to the participant:

Indicate if your child suffers from any of the following conditions (specify):

Asthma:

Epilepsy:

Cardiac disease:

Diabetes:

Auditory:

Visual:

Physical:

Others:

Allergies and Food intolerance

Food:

Others:

Type of reaction:

Does the participant have a deadly allergy? Yes No

If yes, please specify:

Does the participant carry prescription medication or an EpiPen? If yes, please specify and note that prescriptions must be carried with the medicine. Yes No

.....
.....
.....

Does the participant wear glasses or contact lenses?

Yes No If yes, please specify:

Does the participant have behavioral issues?

Yes No If yes, please specify:

I authorize the Organizers and its staff to give the following medicines without prescription, according to my child's needs:

- Acetaminophen
- Ibuprofen
- Calamine Antihistamine
- Antiemetic
- Antibiotic Creme

Other information that you would like us to know about the participant:

.....
.....
.....
.....
.....
.....
.....
.....
.....

Legal Guardian's signature: Date:/...../2023

Appendix B

Parental Authorization and Release

of the French Institute Alliance Française (FI AF) and France Langue (together the “Organizers”)

- 1. As most of the afternoons will consist of surfing lessons, by submitting this form, I confirm that my child knows how to swim and that I understand the inherent risks involved.**
2. I hereby consent to my child’s participation in all the travel and activities involved in the Biarritz Trip (the “Activities”) and I agree to the terms and conditions expressed below.
3. I understand that there may be risks and hazards (the “Risks”) associated with the Activities involved in the Biarritz Trip, and I acknowledge that it is my responsibility to evaluate these Risks to determine whether my child should participate. I agree to assume all liability for any loss or injury of any kind to my child that may arise in connection with the Activities.
4. I do hereby agree to release and hold harmless the Organizers, their officers, trustees, agents, and employees, and agree to indemnify each of them from any and all claims, costs, suits, actions, judgments and expenses, upon any damage, loss or injury to my child or damage or loss to my child’s property (including all property of others in my child’s possession or control) arising out of my child’s participation in this Activities. I agree to indemnify the Organizers from liability for any damage or loss caused by my child related to my child’s participation in the Activities.
5. I certify that I have completed my child’s Emergency and Medical form (Appendix A), and that the information provided there is accurate, complete, and may be relied on by the Organizers during my child’s participation in the Activities. I understand that it is my responsibility to provide the Organizers with updated information in the event of any change in the information requested on the Emergency and Medical Form.
6. In the event it appears necessary and that I, Legal Guardian, cannot be contacted in a timely manner, I request and authorize the Organizers to provide all necessary care needed by my child, to administer first aid and/or take my child to a physician or hospital for emergency treatment, or active EMS, as the Organizers deem appropriate under the circumstances. I agree that I will be financially responsible for the costs of such treatment and transportation. This includes the purchase of prescription medicine at my expense.
7. If any part or provision of this form is deemed unenforceable, it is my intention that the remaining provisions remain in full force and effect.
8. I agree to the provisions of this Release.

Legal Guardian’s signature:**Date:**/...../2023