



Application for Programs
 Education Without Borders International, Inc.
 476 42nd Street #A
 Oakland, CA 94609

Personal Information

Name of student: _____ Age: _____
 Birth Date: _____ Sex: ___M___F Date: _____
 Street Address: _____ Apt #: _____
 City: _____ State: _____ Zip Code: _____
 Telephone Number: _____ E-mail address: _____

Parent(s)/Guardian Information

Name: _____ Relationship: _____
 Name: _____ Relationship: _____
 Address: _____
 City: _____ State: _____ Zip code: _____
 Phone/email: Home: _____ Work: _____
 Cell: _____ email: _____

Educational Information

School: _____ City: _____ State: _____
 Grade Level: _____ Languages Spoken: _____
 Have you or are you taking Spanish classes: Yes No
 Years of Spanish Class: 1 2 3 4 or more
 Most recent Spanish grade: _____
 Do you need foreign language credits: Yes No

Program Information

List the name and date(s) of the program(s) you wish to take:
 Program: _____ Date: _____
 Program: _____ Date: _____
 Have you applied to an Education Without Borders Intl. Program (or one of our partnering organizations/ ie. Visions and Dreams) before? _____ *If so, when and for what program?*

Medical Information

Do you have any known allergies or any other medical conditions of which Education without Borders International should be aware? If so please list them:

Education without Borders International/Visions and Dreams, LLC

Terms and Conditions

Payment Policy:

Upon application to an Education without Borders International/Visions and Dreams, LLC program, a deposit of \$500 is required and will be applied to the total program fee payable. A second deposit of \$500 is due by April 1st. Payment in full is due by May 1st, 2008. Applications received after May 1st require full payment with application and such payment is not refundable. If Education Without Borders International/Visions and Dreams LLC do not accept an applicant for any reason whatsoever, all payments will be refunded in full. **Trip Cancellations:** Education without Borders International/Visions and Dreams reserves the right to cancel any program if there are insufficient registrants or if Education without Borders International/Vision and Dreams determines it is in the best interest of the applicants to cancel the program. Education without Borders International/Vision and Dreams will make a full refund, less any of its direct out-of-pocket expenses, for canceled programs. Education without Borders International/Visions and Dreams is not responsible for other costs incurred by applicants preparing for the trip in the event of a cancellation.

Release of Liability and Assumption of All Risks:

By signing this form, I (parent or guardian of applicant) hereby agree that the applicant has voluntarily applied to participate in the Education without Borders International/Visions and Dreams LLC program offered by Education without Borders International/Visions and Dreams, LLC. The applicant is aware, and acknowledges that awareness by execution of the application, of the risks of injury associated with travel in foreign countries. Each applicant and his/her parents or guardian, in consideration of the applicant's acceptance and enrollment in the program, assume all risks in connection with said program and release Education without Borders International/Visions and Dreams, LLC and all agents, officers, employees, and instructors thereof from any damages resulting from any injury or damage which may befall the applicant in connection with his/her participation in the program including all risks connected therewith, whether foreseen or unforeseen. Each applicant further agrees to waive and hold harmless Education without Border International/Visions and Dreams LLC and all agents, officers, employees, and instructors thereof from any and all liability associated with participation by the applicant in this program. The applicant also permits his/her photo and comments to be used in any Education without Borders International/Visions and Dreams promotional literature. Any and all legal issues and/or claims will be construed and/or tried in the site of and under the laws of the legal jurisdiction of our main office, that being Oakland, California.

Travel Documents:

All applicants must possess a valid U.S. passport for their trip to Costa Rica. Passports must be valid for at least 6 months after the scheduled Education without Border International/Visions and Dreams LLC program. Applicants who are not U.S. citizens should consult with Education without Borders International/Visions and Dreams LLC with regard to any special visa requirements.

Medical Treatment:

Education without Borders International/Visions and Dreams shall have the right to administer first aid to the participant and to engage the service of a physician or dentist or to hospitalize a participant if it deems necessary. The cost of such services, including direct out-of-pocket expenses for both the participant and the staff member(s) who may accompany him/her during the period of illness and in rejoining the group, medicines and ambulance service, but excluding first aid service, shall be charged to the parent/guardian and paid promptly by the parent/guardian. With regard to medical expenses, the coverage Education without Borders International/Visions and Dreams provides requires participant to pay \$100 deductible per accident. Furthermore, coverage is limited to \$10,000 per accident per participant. Additionally, participants and parents/guardians will hold Education without Borders International/Visions and Dreams harmless and be limited to recoveries from said insurance carrier in case of any claims against Education without Borders International/Visions and Dreams. Education without Borders International/Visions and Dreams requires that all participants provide a medical history and submit proof of physical fitness though a physical examination before leaving the United States. All participants are also required to apply for an International Student Identity Card and will receive additional travel insurance through the International Student Insurance Services (ISIS).

Participant Obligations:

By joining an Education without Borders International/Visions and Dreams program, participants assume certain obligations to Education without Borders/Visions and Dreams and other program members. As a program member, the applicant hereby understands and accepts the following terms and conditions during the program:

1. Participants may not use/possess tobacco products, alcohol, illegal drugs/substances or have sexual relations
2. All participants must adhere to all rules of safety and conduct at all times.
3. Any violation of the rules as well as behavior incompatible with the program could result in dismissal at parent/guardian expense.

I have read carefully this agreement and fully understand its contents. By signing the bottom of this form I assume all of these risks and agree to indemnify Education without Borders International/Visions and Dreams Inc., its agents, officers, directors, and employees and hold them harmless for any and all liability that may arise in connection with the applicant's participation in the Education without Borders International/Visions and Dreams Inc. program.

Parent/Guardian Name (Please Print)

Signature

Date

Participant Name (Please Print)

Signature

Date

Applications must be received by April 1st. There are a limited number of spaces available for the program and priority will be given to completed applications with deposit on a first come first serve basis. Program fees include airfare, room and board, travel costs within Costa Rica and all activities and instruction.