

LaGrange College
Office of Global Engagement
Deviation from Itinerary Request - Personal Travel

In making this request, I understand and agree to abide by the following terms:

All extra costs related to this study away course deviation must be paid by the participant. These may include, among other costs, increased airfare.

I hereby, for myself, my heirs, executors, administrators, or anyone else who might claim on my behalf, release LaGrange College for any and all claims arising, or possible of arising, as a result of leaving the group. This release extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown. I understand that once I leave the group, I will no longer be covered by any LaGrange College insurance policies including travel, accidental, medical, evacuation, or other insurance of any kind; and I accept responsibility for my own insurance. I assume all risks associated with leaving the group and accept and assume responsibility for my expenses, safety, and all travel-related activities following my separation from the group.

MY SIGNATURE BELOW AFFIRMS THAT I HAVE CAREFULLY READ THIS FORM AND THE ASSOCIATED TERMS; I UNDERSTAND ITS CONTENT AND PURPOSES, AND I VOLUNTARILY AGREE TO ALL THE TERMS SET FORTH ABOVE.

Purpose for Request _____

Name of Course _____

Course Travel Dates _____ Faculty/Staff Leader _____

Student Name _____ Student L-Number _____

Person Making Request _____

Age at Time of Travel _____

City & Location when leaving group _____

Date when leaving group _____

Estimated date of return to home address _____ from which city _____

Participant Signature _____ Date _____

Leader Signature _____ Date _____

Office of Global Engagement Official _____ Date _____