

**SPRING BREAK 2018 TRIP TO LONDON, PARIS, AND AMSTERDAM
Informed Consent Form**

HEREIN AFTER REFERRED TO AS "SPRING BREAK 2018 TRIP TO LONDON, PARIS, AND AMSTERDAM" THAT BEGINS ON MARCH 22ND AND ENDS ON APRIL 6TH, 2018

In consideration of my/our voluntary participation in the SPRING BREAK 2018 TRIP TO LONDON, PARIS, AND AMSTERDAM, I/we hereby waive all claims of action against Independent Tours, Kent Porter and Cyndi Smith-Porter (the SPRING BREAK 2018 TRIP TO LONDON, PARIS, AND AMSTERDAM Coordinators and Trip Directors-- Bernard Kent Porter **CST #2093529-40**) and any SPRING BREAK 2018 TRIP TO LONDON, PARIS, AND AMSTERDAM designated insurance companies, arising out of my/our voluntary participation in the SPRING BREAK 2018 TRIP TO LONDON, PARIS, AND AMSTERDAM and hereby release, hold harmless, and discharge all of those named above from all liability in connection therewith. Knowing, understanding, and fully appreciating all possible risk, I/we hereby expressly, voluntarily, and willingly assume all risk and dangers associated with my/our participation in this activity. These risks could result in damage to property, personal and/or bodily injury or death.

For your own financial protection, the SPRING BREAK 2018 TRIP TO LONDON, PARIS, AND AMSTERDAM organizers **strongly recommend that you investigate and consider purchasing trip insurance on your own behalf.**

In addition, I/we have been advised to obtain personal medical coverage from a medical insurance carrier of our choosing. Furthermore, I/we agree to use my/our personal medical insurance as the primary medical coverage payment if accident or injury occurs. I/we have read this waiver and release and understand the terms used in it and their legal significance. This waiver and release is freely and voluntarily given with the understanding that right to legal recourse against the named agencies, groups and individuals above is knowingly given up in return for allowing my/our participation in the SPRING BREAK 2018 TRIP TO LONDON, PARIS, AND AMSTERDAM.

My/our signature(s) on this document is/are intended to bind not only me/us but also my/our successors, heirs, representatives, administrators, and assigns.

Participant's Signature:

_____ ***Date:*** _____

Print Name: _____ Phone: _____

Co-Participant's Signature (if traveling together)

_____ ***Date:*** _____

Print Name: _____ Phone: _____

**Independent Tours is a registered California Seller of Travel with the Attorney
General's Office of the State of California, Bernard Kent Porter CST #2093529-40**