



# APPLESEED EXPEDITIONS

## Seeding a Revolution of Change through Service

### Application & Release Form

This form must be completed in ink, signed, and returned to your group leader by the due date given in order to meet your registration deadline.  
**All fields are required.**

**IMPORTANT:** Please give us your full, legal name as shown on your passport, or for domestic trips, as shown on your driver's license or government issued ID. We must have your full, legal name to purchase your airline ticket when applicable. If you have any questions, make sure to check with your group leader regarding policies and fees. If taking an international trip, be sure to acquire your passport no later than 45 days prior to your trip. Passports **MUST** be valid at least 6 months after your return date in order to leave the country.

#### Traveler Information

Last name : \_\_\_\_\_ First name: \_\_\_\_\_ Middle name: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone number: (\_\_\_\_) \_\_\_\_\_ Date of birth (MM/DD/YYYY): \_\_\_\_\_ Gender: (circle one) Male Female

**Adult t-shirt size** for free t-shirt (circle one) **S M L XL XXL**

Sponsoring school: \_\_\_\_\_ Group leader: \_\_\_\_\_

Trip destination: \_\_\_\_\_ Dates of travel: \_\_\_\_\_

If minor, name(s) of parents/guardians: \_\_\_\_\_ Daytime phone number: (\_\_\_\_) \_\_\_\_\_

Parent/guardian or adult traveler e-mail address: \_\_\_\_\_ (For correspondence purposes pertaining to this trip.)

#### Health Information

Medication taken (if any): \_\_\_\_\_ Known health problems (including allergies): \_\_\_\_\_

Emergency contact person: \_\_\_\_\_ Emergency number: (\_\_\_\_) \_\_\_\_\_

#### Release Information

\_\_\_\_\_ (please initial) In the event an emergency arises, necessitating medical or surgical attention, I hereby consent and give my permission to the staff of Appleseed Expeditions Co., individual sponsors, or any attending physician to make such decisions and to perform such medical treatments and/or surgery upon myself and/or my child or said minor which may be necessary and proper under the circumstances. I understand an attempt will be made to contact myself via phone or email and/or to any other individual listed as an emergency contact on this agreement regarding any emergency condition requiring a major medical decision. I do release, acquit, discharge, and covenant to hold harmless the Appleseed Expeditions Co. staff and sponsors from any and all actions, damages, and liabilities arising out of the treatment of any sickness or accident, incurred by myself and/or my child or said minor while attending an Appleseed Expeditions trip. I understand and hereby agree to assume all of the risks which may be encountered with my participation and/or my child's participation in an Appleseed Expeditions trip, including activities preliminary and subsequent hereto, transportation to and from above destination, and emergency medical treatment of myself and/or my child during said expedition. Damages to the property of Appleseed Expeditions or its contracted vendors which occurs as a result of a student's actions will be the responsibility of the student. Therefore, any finances charged in association of such damages will be paid for by the student, or their legal guardian. By attending or participating in an Appleseed Expeditions trip or event, I am giving my permission for Appleseed Expeditions and its representatives to use photographs, videos, and any other physical likeness of myself and/or my child in their publications and organizational material.

#### Please complete and sign the following section as it applies:

##### **1) Traveler who is under 18 years of age and the parent and/or legal guardian of the traveler.**

I, \_\_\_\_\_, the parent and/or legal guardian of \_\_\_\_\_, a minor, hereby acknowledge that said minor is presently under my care, custody, and control. I hereby give my child, the said minor, my express permission to go on the above expedition with Appleseed Expeditions, Co. I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE, WAIVER, AND INDEMNITY AGREEMENT, KNOW AND AGREE TO THE CONTENTS THEREOF, AND I SIGN THIS DOCUMENT AS MY OWN FREE ACT. This is a legally binding agreement that I have read and understand.

\_\_\_\_\_  
**Parent/ Legal Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Student Traveler**

\_\_\_\_\_  
**Date**

##### **2) Traveler who is currently 18 years of age or older, and all chaperones.**

I, \_\_\_\_\_, am 18 years of age or older and HAVE CAREFULLY READ THE FOREGOING RELEASE, WAIVER, AND INDEMNITY AGREEMENT, KNOW AND AGREE TO THE CONTENTS THEREOF, AND I SIGN THIS DOCUMENT AS MY OWN FREE ACT. This is a legally binding agreement that I have read and understand.

\_\_\_\_\_  
**Adult Traveler**

\_\_\_\_\_  
**Date**