



# Our Lady of Fatima School Attending Parent Waiver Form



\*Keep This Portion for Your Records\*

- I acknowledge and accept that my participation, as an attending parent on the Our Lady of Fatima School trip to the Grand Canyon with Travel Machine is entirely voluntary.
- I understand and acknowledge that if Our Lady of Fatima School has terminated my student's participation in the tour for any behavior deemed detrimental to the school, the program or to the student, there will be no refunds even with the purchase of insurance.
- I understand the Cancellation/Refund Policy as follows:
  - \$125.00 is non-refundable once deposit is made
  - Travel / Cancellation Insurance is completely non-refundable
  - Cancellations made on or after June 12, 2021 by Traveler, Diocese or Government are completely non-refundable regardless of reason \* Insurance claims must be covered reasons only\*
- I understand that as an attending parent it is my responsibility to find a roommate to secure a particular room occupancy type, if I wish to have a roommate.
- I understand that \$100 late fee will be applied if I am not paid in full by final payment due date

## Our Lady of Fatima Attending Parent Waiver Form

Please initial and sign

**\*Must be returned with completed sign-up form\***

- \_\_\_\_\_ I acknowledge and accept that my participation, as an attending parent on the Our Lady of Fatima School trip to the Grand Canyon with Travel Machine is entirely voluntary.
- \_\_\_\_\_ I understand and acknowledge that if Our Lady of Fatima has terminated my students' participation for any behavior deemed detrimental to the school, the program or to the student, there will be no refunds for the tour for myself even with the purchase of insurance.
- \_\_\_\_\_ I understand the Cancellation / Refund Policy as follows:
- \$125.00 is non-refundable once deposit is made
  - Travel / Cancellation Insurance is completely non-refundable
  - Cancellations made on or after June 12, 2021 by Traveler, Diocese or Government are completely non-refundable regardless of reason
  - \* Insurance claims must be covered reasons only\*
- \_\_\_\_\_ I understand that as an attending parent it is my responsibility to find a roommate to secure a particular room occupancy type, if I wish to have a roommate
- \_\_\_\_\_ I understand that I will incur a late fee of \$100 if my balance is not paid in full by final payment due date

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_