



# AHIF College Student Foreign Policy Trip Washington, DC • Greece • Cyprus

## Information Form and Release Agreement

This Information Form and Release Agreement (“Agreement”) is submitted to the American Hellenic Institute Foundation, Inc. (“AHIF”), as an application for participation by the below-designated student (“Participant”) to participate in the AHIF Foreign Policy Trip to Greece and Cyprus (“AHIF Foreign Policy Trip”), scheduled to take place June 19 to July 6, 2018.

### STUDENT INFORMATION

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_  
*(Legal name as it appears in your passport)*

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

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Male  Female

\*Passport #: \_\_\_\_\_ Expiration date: \_\_\_\_\_

\*Social Security #: \_\_\_\_\_

*\*Required for entry into certain Government buildings. Your application form will not be processed without the SS# and Passport #.*

### PARENT / GUARDIAN INFORMATION

Father/Guardian \_\_\_\_\_ Mother/Guardian \_\_\_\_\_

Address \_\_\_\_\_ Address *(if different)* \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Cell phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

### ACADEMIC INFORMATION

College: \_\_\_\_\_

College Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Degree being pursued: \_\_\_\_\_

Cumulative GPA: \_\_\_\_\_ Current grade: \_\_\_\_\_ College Graduation Year: \_\_\_\_\_

Related Job/Internship: \_\_\_\_\_ Related Job/Internship: \_\_\_\_\_

## MEDICAL INFORMATION

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ (lbs) Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Place of Birth: City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Emergency Contact (other than parent): \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Do you (*Participant*) have any disability or medical or psychological condition that might affect or limit your participation in the AHIF Foreign Policy Trip to Greece and Cyprus or require special assistance, facilities, or accommodations?  Yes  No If yes, please explain:

*Note: Accommodations are determined on a case by case basis and are subject to timely notification and application. Failure to advise AHIF in a timely fashion may result in an inability to accommodate special needs and disqualify Participant from participation.*

## MEDICAL HISTORY

Have you ever had, or are you taking treatment /medication for any of the following (if yes, please explain below):

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Convulsions, seizures or epilepsy | <input type="checkbox"/> Vision impairment  | <input type="checkbox"/> Recent injuries   | <input type="checkbox"/> Physical limitations            |
| <input type="checkbox"/> Fainting spells or dizziness      | <input type="checkbox"/> Mental disorder    | <input type="checkbox"/> Diabetes          | <input type="checkbox"/> Chemical dependency             |
| <input type="checkbox"/> Allergies to insects or plants    | <input type="checkbox"/> Asthma or wheezing | <input type="checkbox"/> Heart murmur      | <input type="checkbox"/> Behavioral disorder             |
| <input type="checkbox"/> Adverse reaction to medication    | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Bleeding disorder | <input type="checkbox"/> Other ( <i>please explain</i> ) |
| <input type="checkbox"/> Recent surgery                    | <input type="checkbox"/> Food allergies     |  |  |

Please explain any items checked (*use additional sheet if necessary*):

## MEDICATIONS

Please indicate any medications that the student takes regularly and those she/he might need to take while participating in the AHIF Foreign Policy Trip (*use additional sheet if necessary*):

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

*All medications to be taken during the AHIF Foreign Policy Trip must be clearly labeled with the student's name, dosage amount, dosage times and prescribing physician's name and phone number. All medications must be in the original container. If the participant will require refrigeration for medication during the AHIF Foreign Policy Trip, the participant must give AHIF advance notice. Storage will be subject to availability of refrigerated storage at any particular location during the AHIF Foreign Policy Trip. AHIF may store medications on the student's behalf but will in no event be responsible for dispensing medications or for lost, stolen, or misplaced medication.*

## INSURANCE INFORMATION

Please provide us with your complete and current healthcare provider and health insurance information:

Doctor's Name: \_\_\_\_\_ Insurance Carrier: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_ Carrier Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Policy/Group #: \_\_\_\_\_

Doctor's Phone ( ) \_\_\_\_\_ Member/ID Number: \_\_\_\_\_

*Participants must have health insurance to participate in an AHIF Foreign Policy Trip to Greece and Cyprus. No Exceptions.*

## MEDICAL TREATMENT AND HOSPITAL SERVICES CONSENT

We, the undersigned parents/guardians of the Participant, hereby consent and grant permission, should the necessity arise, to the furnishing of medical treatment and hospital services to him/her as ordered or recommended by a qualified physician, licensed nurse, or emergency medical technician (including the administration of anesthesia and the conducting of laboratory and diagnostic procedures) at a hospital, clinic, or other medical facility or on the scene in the event of medical or surgical emergency. We hereby authorize all attending physicians, nurses, emergency medical technicians, hospitals, clinics, and other medical facilities and providers having medical records or information relating to the participant or to any treatment or services given to him/her to release such records and information to AHIF and its agents.

\*Initials \_\_\_\_\_  
(Student) (Parent) (Parent)

## WAIVER OF PHYSICAL EXAMINATION AND DISCLOSURE OF INFORMATION

We, the undersigned parents/guardians of the Participant, waive the Participant's physical examination prior to participating in the AHIF Foreign Policy Trip.

WE UNDERSTAND THAT WE HAVE FULL RESPONSIBILITY TO INFORM AHIF IN ADVANCE OF ANY PRECAUTIONS THAT SHOULD BE TAKEN IN RESPECT OF A PARTICIPANT'S PHYSICAL OR PSYCHOLOGICAL CONDITION AND TO DISCLOSE ANY INFORMATION ABOUT SUCH CONDITIONS REASONABLY NECESSARY FOR AHIF TO EVALUATE THE PARTICIPANT'S SUITABILITY TO PARTICIPATE IN THE AHIF FOREIGN POLICY TRIP AND FOR AHIF, ITS AGENTS, AND LOCAL PHYSICIANS AND MEDICAL PERSONNEL TO ACCOMMODATE THE PARTICIPANT DURING THE AHIF FOREIGN POLICY TRIP SHOULD HE/SHE BE ACCEPTED FOR PARTICIPATION AND SHOULD MEDICAL ATTENTION BE REQUIRED. SUCH INFORMATION WILL BE DISCLOSED ONLY AS NECESSARY TO EVALUATE OR ACCOMMODATE THE PARTICIPANT.

\*Initials \_\_\_\_\_  
(Student) (Parent) (Parent)

## CONSENT FOR PARTICIPATION

We the undersigned parents/guardians, in consideration for the benefits to be derived by our son/daughter, and subject to AHIF's acceptance of our son/daughter for participation in the AHIF Foreign Policy Trip, do hereby consent to his/her participation in all programs and activities comprising the AHIF Foreign Policy Trip. This consent acknowledges our agreement that our son's/daughter's participation will be in accordance with the terms and conditions stated in this Information Form and Release Agreement.

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## RELEASE AND INDEMNIFICATION

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\*Initials \_\_\_\_\_  
(Student) (Parent) (Parent)

## RELEASE AND INDEMNIFICATION

In consideration for participation in the AHIF Foreign Policy Trip to Greece and Cyprus, which will take place in metropolitan Washington, DC (including the Commonwealth of Virginia, the District of Columbia, and the State of Maryland) and the Republics of Cyprus and Greece, EACH OF THE UNDERSIGNED, for himself or herself and his/her personal representatives, executors, administrators, assigns, heirs, and next of kin ("Releasors"), acknowledges, agrees, and represents that he/she:

1. RELEASES, WAIVES, FOREVER DISCHARGES, AND COVENANTS NOT TO SUE AHIF, the American Hellenic Institute, Inc., their respective subsidiaries, affiliates, officers, directors, employees, agents, representatives, successors, and assigns and all other participants, sponsors, promoters, venue operators and owners, transportation providers, and all owners, lessors and lessees of premises used to conduct or associated with the AHIF Foreign Policy Trip to Greece and Cyprus ("Releasees"), and each of them, of and from all liability to the Releasors for any and all loss or damage, and any claim or demand therefor, on account of illness, injury, accident, or death of the Participant, whether caused by the negligence of the Releasees or otherwise, while the Participant is participating in the AHIF Foreign Policy Trip to Greece and Cyprus from the time of Participant's departure from home until his/her return thereto.
2. AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Releasees, and each of them, from any loss, liability, damage, or cost they may incur due to or resulting from the undersigned Participant's participating in the AHIF Foreign Policy Trip.
3. ASSUMES FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE OR LOSS, due to the negligence of Releasees or otherwise, while participating in the AHIF Foreign Policy Trip. EACH OF THE UNDERSIGNED EXPRESSLY ACKNOWLEDGES AND AGREES that the AHIF Foreign Policy Trip, including travel to and from activities comprising the AHIF Foreign Policy Trip, carries the risk of serious injury and/or property damage or loss.
4. GRANTS PERMISSION to AHIF and the American Hellenic Institute, Inc., severally, now and forever, without obligation, to use photographs, videotapes, motion pictures, recordings, or other records of my participation in the AHIF Foreign Policy Trip ("Graphics and Information") for advertising and promotional materials and for any other purpose they, in their sole discretion, deem necessary or useful. This grant includes the right to publish and post such Graphics and Information on any website and to license others to do so.
5. AGREES that any dispute arising out or relating to this Information Form and Release Agreement or to Participant's participation in the AHIF Foreign Policy Trip shall be resolved by arbitration conducted before a single arbitrator in Washington, D.C., in accordance with the then-prevailing applicable rules of American Arbitration Association.

Each of the undersigned further expressly agrees that the terms of this Information Form and Release Agreement are intended to be construed as broadly and inclusively as permissible, and that if any portion thereof is held invalid the balance shall, notwithstanding, continue in full legal force and effect. Each of the undersigned has read and voluntarily signs this Information Form and Release Agreement. They each represent and warrant that all disclosures are truthful and complete and acknowledge that AHIF will rely on such representation and warranty as an inducement to accept the Participant for participation in the AHIF Foreign Policy Trip. They each understand and agree that Participant's acceptance for participation is within AHIF's sole discretion.

## SIGNATURES & PAYMENT

### PARTICIPANT

Name (printed) \_\_\_\_\_

\*Signature \_\_\_\_\_

Date of Signature \_\_\_\_\_

### PARENT/LEGAL GUARDIAN 1

Name (printed) \_\_\_\_\_

\*Signature \_\_\_\_\_

Date of Signature \_\_\_\_\_

### PARENT/LEGAL GUARDIAN 2

Name (printed) \_\_\_\_\_

\*Signature \_\_\_\_\_

Date of Signature \_\_\_\_\_

### \*ORIGINAL SIGNATURES REQUIRED.

*Student and both parents/guardians are required to sign.*

### Return Travel Info:

All participants need to make individual plans to arrive in Washington, DC by June 19, 2018 by 3:00 pm. Those who wish to extend their stay in Greece should have their return dates when they contact the travel agent. Please note that you will not be able to change your return flights once they are booked.

Departure date (July 6 or later) \_\_\_\_\_

Departure city (*i.e. Athens*) \_\_\_\_\_

Arrival U.S. city (*i.e. NYC, LA*): \_\_\_\_\_

Who should we contact regarding your travel plans?

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

Email address \_\_\_\_\_

Daytime number \_\_\_\_\_ Cell \_\_\_\_\_

### \$500 Deposit Payment Information:

Check (*payable to AHIF*)  Visa  Master Card  Amex

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_

Email \_\_\_\_\_

Credit Card # \_\_\_\_\_

Exp. date \_\_\_\_\_ V-code \_\_\_\_\_

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



## AHIF College Student Foreign Policy Trip DC • Greece • Cyprus - 2018

### TRAVEL AGENT INFORMATION FORM

#### Participant:

Name <i>(Legal name as it appears in your passport)</i>		
Address:		
City:	State:	Zip:
Birthday: (month, day, year):		
USA Passport #:		Expiration date:
College Email:	Personal email:	
Cell Phone:		

#### Parent responsible for travel arrangements:

Name:	Email:
Daytime Phone #:	Cell phone:
Best times to be reached:	

ALL participants must arrive in Washington, DC by 3:00 pm on Tuesday, June 19, 2018. The students will leave on June 22 for Cyprus and June 28 for Athens. The program will conclude officially at midnight on July 5 and the group will depart for the U.S. on July 6, 2018. Should you choose to extend your stay please complete the "Extended Stay" form. Student and both parents/guardians are required to sign. (Please note that we will not be able to change your flights after May 1, 2018)

Airport/city to Washington DC:	Date/Time:
Departure date from Greece:	Time:
Arrival Airport/city in the USA:	Arrival date in the USA:

Payment should be made by check payable to "Amphitriton Holidays." Please mail checks to:

Mr. Konstantinos Georgiadis  
1010 Rockville Pike, Suite 401, Rockville, MD 20852  
301-545-0999 (phone) / 301-294-5325 (fax) / [aleko@amphitriton.com](mailto:aleko@amphitriton.com)

*Email completed form to Yola Pakhchanian at [yolap@aheworld.org](mailto:yolap@aheworld.org).*



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### EXTENDED STAY FORM

*To be completed by those who plan to extend their stay and are not returning to the U.S. on July 6, 2018.*

Name:	
Departure date from Greece:	
Arrival date in the USA:	Arrival city in the USA:

**Contact person in Greece**

How is this person related to you?	
Name:	
Address:	
Phone number:	Cell phone:

I, \_\_\_\_\_ acknowledge and agree that the *AHIF College Student Foreign Policy Trip to Greece and Cyprus* terminates, and AHIF's responsibility for Participants' welfare in connection therewith ceases for all purposes, as of midnight July 5, 2018.

Participant Name: \_\_\_\_\_

\*Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/Guardian's signatures:**

Mother Name: \_\_\_\_\_

\*Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father Name: \_\_\_\_\_

\*Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*ORIGINAL SIGNATURES REQUIRED.**

*Student and both parents/guardians are required to sign.*

*Mail completed form to AHIF, 1220 16th St NW, Washington, DC 20036 and email to [yolap@aheworld.org](mailto:yolap@aheworld.org).*