 Independent Travel Form

All Participants Must Complete and Sign This Form

I understand that the West Liberty University \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of study abroad program)

will officially end \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(Date program ends)

I further understand that if I choose to do any independent, additional travel while abroad, I am responsible for my own land arrangements and for all costs associated. I realize that I am responsible for

arranging my own transportation to the airport in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and to my home.

 (Name of Country)

\*If applicable name of address of the person(s) you will be seeing and/or staying with when you travel

independently (lines 1-6); if returning separately from the group, fill in lines 7-8.

1. Name of Person(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Relationship to you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. City, Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Country:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Dates of your visit: From:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. I plan to fly back to Pittsburgh from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on (date): \_\_\_\_\_\_\_\_\_

I realize that upon my return to Pittsburgh International Airport, I am responsible for arranging my own

transportation to my home.

"By signing below, I release the State of West Virginia, the West Liberty University Board of Governors, and the University (including its officers, employees, and agents) from any and all claims and causes of action that I may have against any of them by reason of any accident, injury or death, or other consequence resulting directly or indirectly from or in any manner arising out of, or in connection with my traveling independent of the group.

Student Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Lines 1-6 Optional (So we know your schedule)