

Student Traveler  
WAIVER/RELEASE FORM

I/we, \_\_\_\_\_ parent(s)/legal guardian(s) of  
\_\_\_\_\_ (hereinafter "minor"),

hereby agree to assume full responsibility for the payment of all debts incurred by the minor during his/her stay at the Radisson Blu Hotel Salzburg, the Renaissance Vienna, the Dorint Hotel Don Giovanni and the Holiday Inn Munich and to reimburse said hotels for any damages suffered by them due to acts of the minor during that visit.

I/we further agree to release and hold harmless all hotels above, Coastline Travel Advisors and/or their subsidiaries, related and affiliated companies from and against all claims, judgments, costs or other expenses arising out of bodily injuries or property damage suffered by the minor during his/her stay and/or from activities of the minor during his/her stay.

I/we authorize all hotels above, the South High School Band Director or Chaperones and/or Coastline Travel Advisors to procure at my/our expense, any medical care reasonably required by the minor during his/her visit.

I/we further agree to release and hold harmless the South High School Band Director, the South High Band Boosters and the Chaperones from and against all claims, judgments, costs or other expenses arising out of bodily injuries or property damage suffered by the minor during his/her stay and/or from activities of the minor during his/her stay.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**Medical Insurance Information**

Provider and Policy# \_\_\_\_\_

Phone \_\_\_\_\_