

# Notre Dame University

January 31-February 2, 2020

## Application

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

Grade: \_\_\_\_\_

Advisor: \_\_\_\_\_

Email: \_\_\_\_\_

Number of Prior Conferences Attended: \_\_\_\_\_

Cost for this trip: \$120 (plus meal expenses)

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Briefly describe your interest in attending this conference:

# NEW TRIER TOWNSHIP HIGH SCHOOL DISTRICT 203



*To commit minds to inquiry, hearts to compassion, and lives to the service of humanity.®*

## STUDENT TRAVEL AGREEMENT

I, \_\_\_\_\_, a participant in the Notre Dame University, Model UN to be held on January 31-February 2, 2020, in Notre Dame, Indiana, sponsored by the New Trier Model UN, understand that the trip is sponsored by the Board of Education, New Trier High School District 203, Cook County, Illinois (the "District"), and that the necessary arrangements for the trip, including but not limited to transportation and accommodations have been made by the District. In consideration of being accepted for the trip, I agree that I (or my parents) will pay to the District my share of the cost of the trip prior to departure. I further understand and agree that the District reserves the right to make cancellations, changes, or substitutions because of emergencies or changed conditions or in the interest of the group and to alter, prior to departure, the cost of the trip in order to meet unexpected changes in transportation, fares, lodging rates, etc. which are based on current tariffs and are subject to change. In case of an increase in the trip costs, I have the right to cancel my participation in the trip and will receive a refund of the money paid by me (or my parents) prior to the cancellation, only to the extent that such money can be refunded without raising the cost of the trip to other participants.

I understand that this trip is a supervised program, and I promise to comply with the Expectations for Student Conduct as set forth by the District. I understand that group standards must be observed on this trip. I understand and agree that the District reserves the right to restrict or terminate my participation in the trip for any failure to comply with the Expectations for Student Conduct or for any other conduct which, in the discretion of the persons in charge of the trip, is deemed to be incompatible with an undisturbed continuation of the trip as a whole. I further understand and agree that, if my participation in the trip is terminated for any reason, I will be sent home at my own (or my parents') expense, and the money paid by me (or my parents) to the District will be refunded only to the extent that such money can be refunded without raising the cost of the trip to other participants. Finally, I understand and agree that I will be referred to the appropriate school officials upon return to New Trier for disciplinary consequences for any failure to comply with the Expectations for Student Conduct.

I (and my parents) do voluntarily waive any and all claims against the District, the members of the Board of Education and any faculty member accompanying the group arising out of any accident, delay, irregularity, expense, injury, sickness, quarantine, or any loss or damage which I (or parents) may suffer, or whatever kind and from whatever cause, in connection with the trip.

I grant the District, its officers, and the designated faculty members responsible for the trip the authority to provide to me any medical care which becomes necessary during the trip, at my own (or my parents') expense, and to give such consent for medical treatment as may be required by any health facility, hospital or doctor, and I release the District, the members of the Board of Education, its officers, and the designated faculty members from all liability in connection therewith. The District, its officers, and the designated faculty members are authorized to send me home at my own (or my parents') expense for medical treatment if this is deemed, in consultation with local medical authorities, to be necessary.

Cost of the trip:                    \$120 (plus meal expenses)

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date