

ALTERNATE RETURN TRAVEL APPROVAL

Andrews University • Behavioral Sciences Peru Tour • 10-24 May 2018

PARTICIPANT INFORMATION

Participant Name _____

Student ID # _____

RETURN TRAVEL DETAILS

☐ I will be returning to AU with the group
(do not fill out the rest of the form)

☐ I plan to separate from the group at some
point and have detailed those plans below

If you do not plan to separate from the group at any point, please leave the rest of the form blank and turn it in.

If you are planning to separate from the group, please select one of the options below and provide the details of your departure from the group including your plan immediately following your separation (i.e. separating at O'Hare airport). If applicable, please provide your flight time and number (i.e. AA flight 1234 to LAX) or similar details for other forms of transportation.

☐ I will be separating from the group after our flight from Juliaca to Lima and have provided details below.

☐ I will be separating from the group upon our arrival at Chicago O'hare and have provided details below.

☐ I will be separating at another point and have received authorization to do so. Provide details below.

AGREEMENT

I am participating in the Peru Tour organized by the Department of Behavioral Sciences from May 10-24, 2018. I have voluntarily chosen to use alternate travel arrangements while returning from Peru. I acknowledge that from the time I separate from the tour group, Andrews University, the Department of Behavioral Sciences, and the Tour Organizers will not be responsible for any events that may transpire, including, but not limited to, interrupted travel arrangements, illness, loss of travel documents, and financial difficulties. Additionally, the Risk Insurance purchased on my behalf for the duration of the tour will only be valid until I separate from the group. I agree that the travel details I have provided are accurate to the best of my knowledge, and I acknowledge that I have made these plans voluntarily and at my own expense and that I have been counselled about the appropriate time to separate from the group.

Participant Signature _____

Date _____

Tour Organizer/Director Signature _____

Date _____