



1412 Wren Ct. * Arlington, Texas 76013*
817/461-3100 * FAX 817/795-8668

"The Better Way To GO"

STATE OF _____

COUNTY OF _____

RELEASE

I the undersigned understand that there are inherent risks involved in any trip. **I hereby release World View Travel its employees and agents from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement.** In the event that I am injured and require the attention of a doctor, **I consent to any reasonable medical treatment as deemed necessary by a licensed physician.** In the event treatment is required from a physician and/or hospital personnel designated by the sponsors, **I agree to hold World View Travel free and harmless of any claims, demands, or suits for damages arising from the giving of such consent.** I acknowledge that I will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. **I also acknowledge that World View Travel does not assume any financial responsibility for any costs of medical care.** Further, I affirm that the health insurance information provided is accurate at this date and will, to the best of my knowledge, still be in force ..

Signature

Date

Before me, the undersigned Notary Public, on this day personally appeared

_____,
known to me (or proved to me through _____) to be the person whose name is subscribed to the foregoing instrument, who acknowledged to me that he/she executed same for the purposes and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____, 200_____.

expires: _____
Notary Public

My commission