



ABERDEEN HALL

PREPARATORY SCHOOL

INDEPENDENT STUDENT TRAVEL

Release Waiver

Academy Way, Kelowna, BC V1V 3A4
 250.491.1270
 info@aberdeenhall.com
 ABERDEENHALL.COM

Student Name: _____ Passport: _____

Student Contact

Cell Phone: _____ WeChat/WhatsApp _____ Email: _____

I/we, the undersigned biological parent(s) or legal guardian(s) of the above referenced student hereby give permission for our child to travel as outlined below. We release **Aberdeen Hall** and its employees/Family Boarding host family/Custodian from any responsibility for the safety or welfare of our son/daughter. I/we also understand and agree that upon travelling:

- 1 **We will ensure that our child has adequate travel health insurance coverage;**
- 2 **We release Aberdeen Hall Preparatory School and its employees, agents, directors and attorneys/solicitors, Family Boarding host family/Custodian from any and all liability damages or injuries incurred by my child during the entire period of travel; and**
- 3 **We indemnify and hold harmless Aberdeen Hall Preparatory School, its employees, agents, directors, attorneys/solicitors, Family Boarding host family /Custodian and insurers from any and all claims, expenses and attorney fees arising in connection with any damage or injury to my child during the entire period of travel; and**
- 4 **The host family has been informed about details of the trip and adult supervision/arrival/departure details have been discussed.**

Please submit the completed / signed waiver form to the International Department ONE WEEK prior to departure to allow time to verify information. Please note the school has the right to refuse travel for late submission of a Travel Waiver. Student safety is our first priority.

TRIP ITINERARY (attach copy)

Departing Kelowna

Date	Dep. Time	Final Destination	Arrival Time	Travel Method / Airline #	Travel Method / Airline #

Returning to Kelowna

Date	Dep. Time	Final Destination	Arrival Time	Travel Method / Airline #	Travel Method / Airline #

Supervising adult at destination to assume responsibility for student

Name: _____ Relationship to Student: _____

Address: _____

Cell Phone: _____ WeChat/WhatsApp _____ Email: _____

Purpose of trip and planned activities:

Host Parent: Name: _____ Signature: _____

Biological Parent or Legal Guardian:

Print Name

Signature

Date

AHPS: _____