

Deviation From Itinerary Request - Personal Travel

This form must be submitted at least 90 days prior to trip departure.

Name of Course, Activity, or Tour: _____

Beginning Date of Trip: _____ Ending Date of Trip: _____

Person Making Request: _____ Age: _____ Phone: _____

Purpose for Request:

To deviate from group travel itinerary to travel with parents or spouse

Name of Parents or Spouse: _____ Emergency Phone: _____

To return to home address after trip without returning to Rexburg with the group

Other (Please Explain): _____

City & Location Leaving Group: _____ Date: _____

Tentative itinerary (please list cities to be visited and approximate dates)

Estimated date of return to home address: _____ From which city? _____

In making this request, I understand and agree to abide by the following terms:

- Tour participants of the opposite sex may not travel alone together unless married to each other.
- All extra costs related to the above deviation must be paid by the tour participant. This would be any increase in airfare due to the schedule change as well as \$175 deviation fee. If early termination increases costs for the group, additional charges may be assessed to participants deviating from the tour group itinerary.

I hereby, for myself, my heirs, executors, administrators, or anyone else who might claim on my behalf, release and covenant not to sue BYU-Idaho for any and all claims arising, or possible of arising, as a result of leaving the group. This release extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown. I understand that once I leave the group, I will no longer be covered by any BYU-Idaho insurance policies including travel, accidental, medical, evacuation, or other insurance of any kind; and I accept responsibility for my own insurance. I assume all risks associated with leaving the group and accept and assume responsibility for my expenses, safety, and all travel-related activities following my separation from the group.

MY SIGNATURE BELOW AFFIRMS THAT I HAVE CAREFULLY READ THIS FORM AND THE ASSOCIATED TERMS; I UNDERSTAND ITS CONTENT AND PURPOSES, AND I VOLUNTARILY AGREE TO ALL THE TERMS SET FORTH ABOVE.

Participant's Name _____ (Please Print) Participant's I-Number _____

Participant's Signature _____ Date _____

Tour Director/Trip Supervisor Signature _____ Date _____

Parent/guardian Signature _____ Date _____

(Required if participant is under 18)