



## Application: Summer School 2017

### I. Personal Information

<b>English Full Name as in Passport</b>	<b>Last name</b>		<b>Middle name</b>	<b>First name</b>	
<b>Name in Chinese (if applicable)</b>			<b>Other Names</b>		
<b>Gender</b>	<b>Male</b>		<b>Date of Birth</b> (yyyy-mm-dd)		
	<b>Female</b>				
<b>Current Nationality</b>			<b>Former Nationality</b>		
<b>Place of Birth (city, Province /State country)</b>			<b>Education</b>	<b>Postgraduate</b>	
				<b>College</b>	
<b>Employer/School Information</b>	<b>Name of Employer</b>				
	<b>Your Position</b>			<b>Subject Matter</b>	
	<b>Employer Tel. Number</b>				
	<b>Employer Address</b> <small>(street or P.O. box, city, state, zip )</small>				
<b>Home Information</b>	<b>Address</b>				
	<b>Home Phone Number</b>				
	<b>Cell Phone Number</b>				
	<b>Home Email Address</b>				
	<b>Work Email Address</b>				



<b>Visa Information (Note: If you don't yet have a passport, please apply no later than March 1, 2017)</b>				
<b>Passport Number</b>		<b>Date of Issue</b> (yyyy-mm-dd)		
<b>Place of Issue</b>		<b>Date of Expiration</b> (yyyy-mm-dd)		
<b>Have you ever been granted a Chinese visa? If applicable, please specify the date and place of the last time you were granted the visa.</b>				
<b>Other countries or territories you visited in the last 12 months</b>				
<b>Marital Status</b>	<b>Married</b>		<b>Other</b> (please specify)	
	<b>Single</b>			
<b>Major Family Members</b> (spouse, children, parents)	<b>Name</b>	<b>Nationality</b>	<b>Occupation</b>	<b>Relationship</b>
<b>Emergency Contact(s)</b>	<b>Name(s)</b>	<b>Phone Number</b>	<b>Relationship to the Applicant</b>	



<b>II. Authorization for Emergency Medical Treatment</b>			
<b>Nearest Relatives</b>	<b>Name</b>	<b>Phone Number(Day)</b>	
		<b>Phone Number(Night)</b>	
	<b>Address</b>		
<b>Physician</b>	<b>Name</b>	<b>Phone Number(Day)</b>	
		<b>Phone Number(Night)</b>	
	<b>Address</b> <small>(street or P.O. box, city, state, zip code)</small>		
<b>Dentist</b>	<b>Name</b>	<b>Phone Number(Day)</b>	
		<b>Phone Number(Night)</b>	
	<b>Address</b> <small>(street or P.O. box, city, state, zip code)</small>		
<b>Health Insurance Company</b>	<b>Policy Number</b>		
	<b>Telephone</b>		
<b>Allergies</b>			
<b>Current Medications</b> <small>(attach list if needed)</small>			
<b>Special Health Needs</b> <small>(attach explanation)</small>			



### Emergency Medical Authorization

I, the undersigned, do hereby authorize The Chinese Education Connection and its agents or representatives to consent, on my behalf, to any medical/hospital care or treatment (including locations outside the U.S.) to be rendered upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization. I understand that China in summer is frequently very hot and that my accommodations may or may not be air conditioned.

The effective dates of this authorization are

Date (yyyy-mm-dd)\_\_\_\_\_ to Date (yyyy-mm-dd)\_\_\_\_\_

I am eighteen years of age or older, have read the above authorization, and confirm that the information contained therein is true and accurate.

Signature\_\_\_\_\_ Date (yyyy-mm-dd)\_\_\_\_\_



**III. International Travel Waiver of Liability and Hold Harmless Agreement**

\_\_\_\_\_ (name) I understand and acknowledge that I am participating in the Chinese Education Connection, LLC. trip to China on my own volition and all activities during the trip (hereinafter the "Trip") are elective, and I hereby agree to the following:

1. I understand and acknowledge the risks and hazards inherent to this activity, including but not limited to international travel risks. I hereby elect to voluntarily participate in said activity with full knowledge that said activity may be hazardous to me and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY, INCLUDING DEATH that may sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such an activity, whether caused by the Negligence or Grossly Negligent of Chinese Education Connection, LLC., their officers, directors, agents, servants, or employees (hereinafter collectively referred to as the "Releasees") or otherwise.
2. I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the Releasees from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or any of the property belonging to me, whether caused by the Negligence or Grossly Negligent of the Releasees, or third party during the Trip.
3. I hereby agree to indemnify and hold harmless the Releasees from any and all liability, loss, or other damage claims or obligations caused by or arising out of my intentional, Negligent, or Grossly Negligent acts or omissions during the Trip.
4. I understand and acknowledge that medical care and medical facilities may not be readily available, nor meet the standards I would expect or receive in the United States. To the best of my knowledge my health is good enough to undertake the Trip. If I have any question about my health, I will visit and discuss this Trip with my physician before I go. I understand and acknowledge that I may be traveling to places where little or no health care is available. In addition, I understand and acknowledge I may undergo types of physical and mental exertion exceeding my normal tolerance.
5. I understand and acknowledge that I am responsible for my own health insurance and cost of any medical care that I may receive while on the Trip. I further understand and acknowledge that Chinese Education Connection, LLC. does not maintain any medical or health insurance policies for me and it is not responsible for the payment of any medical care that I may receive. Therefore, I agree to maintain sufficient accident and medical insurance coverages to the extent that I deem necessary for my wellbeing.
6. I understand travel insurance is available for purchase and that protection from flight cancellations and other unforeseen and uncontrollable circumstances is available only through that avenue.
7. In the event that I become injured or sick, I understand and acknowledge that the Tour Director reserves the right to declare me unfit to continue on specific activities while on the Trip at his/her sole discretion. If I am declared unfit to participate in any Trip activities, I agree to cooperate with the Tour Director and follow his/her direction regarding my permitted activity during that time. I UNDERSTAND AND ACKNOWLEDGE THAT I MAY DECLINE TO PARTICIPATE IN ANY PART OF THE TRIP ACTIVITIES, IF DOING SO IS POSSIBLE AND WILL NOT PUT ME OR MY FELLOW TRAVELERS AT FURTHER RISK.
8. I AGREE TO RELEASE, WAIVE, AND HOLD HARMLESS THE RELEASEES FROM ANY LOSS THAT I MAY SUFFER AS A RESULT OF NOT PARTICIPATING IN ANY TRIP ACTIVITY.
9. I agree to act with courtesy, responsibility, and reasonableness at all times while on the Trip and to follow the directives of the Tour Director or his/her designee to minimize risks to myself and fellow travelers. I understand and acknowledge that the Tour Director may release me from the Trip to return to the United States if the Tour Director in his/her sole discretion determines that my conduct does not meet this standard. I also understand that I may be photographed or appear in video for such purposes as CEC deems necessary.
10. In case any provision of this Agreement shall be determined to be invalid, illegal, or unenforceable for any reason, the remaining provisions and portions of this Agreement shall be unaffected and unimpaired thereby, and shall remain in full force and effect, to the fullest extent permitted by applicable law.

Signature of Participant: \_\_\_\_\_ Print Name of Participant: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date (yyyy-mm-dd): \_\_\_\_\_