

Each traveler needs to complete both forms & return to Director with trip payment **

INDIVIDUAL TRAVEL INSURANCE (suggested but not required)

Please refer to GNTT website to view and/or purchase individual travel insurance. To access the website, please copy and paste the following address into your browser **http://www.goodnewstt.com/resouces/travel-insurance**. Some programs are best purchased within 14 days of making our first deposit. The website is linked directly to Travel Guard's. **All insurance related questions must be directed to Travel Guard at 800-826-1300 (toll-free). GNTT's Identity Code #84378**

Indicate your choice, then return form to the Director with trip payment.

_____ YES, I purchased insurance from Travel Guard via GNTT's website for: _____ traveling
(Traveler)
to _____ on _____ with _____
(Destination) (Dates of Travel) (name of school/ group)

_____ YES, I purchased insurance through our local travel agent.

_____ NO, I understand travel insurance is suggested. However, have decided not to purchase the insurance.

(Name of traveler) (Signature of parent/guardian) (Date or purchase date) Male or Female
(Circle one)

Address City State Zip

GNTT's insurance carrier requires a signed "Permission to Travel form" by all participants

PERMISSION TO TRAVEL

I understand this Agreement constitutes a binding contract between the undersigned and Good News Tour & Travel, Inc. its directors, officers, employees, shareholders and affiliates ("GNTT").

- GNTT does not own or operate any entity which is to or does provide goods or services for your trip including, for example, arrangements for or ownership or control of lodging facilities, airline, vessel, bus or other transportation companies, local ground operators, providers or organizers of optional excursions, food service or entertainment providers, etc. All such persons and entities are independent contractors. As a result, GNTT is not liable for any negligent or willful act or failure to act of any such person or entity, or of any third party. Without limitation, GNTT is not responsible for any injury, loss, or damage to person or property, death, delay or inconvenience in connection with the provision of any goods or services occasioned by or resulting from, but not limited to, acts of government, acts of God, force majeure, acts of war or civil unrest, insurrection or revolt, strikes or other labor activities, criminal or terrorist activities of any kind or the threat thereof, overbooking or down-grading of accommodations, structural or other defective conditions in lodging facilities (or in any heating, plumbing, electrical or structural problem therein), mechanical or other failure of airplanes or other means of transportation or for any failure of any transportation mechanism to arrive or depart timely, dangers associated with or bites from animals, pests or insects, epidemics or the threat thereof, sanitation problems, food poisoning, disease, lack of, access to or quality of medical care, difficulty in evacuation in case of a medical or other emergency, or for any other cause beyond the direct control of GNTT.
- GNTT reserves the right to take photographic or film records of any trip. I understand that GNTT may use such records for promotional and/or commercial purposes without limitation, without compensation and without liability.
- GNTT reserves the right to make changes in the trip's itinerary or sequence, as well as other changes, including, but not limited to, substitutions of or changes in excursions, activities, and site visits. Any and all such changes are without liability on the part of GNTT.

By signing or e-signing this document, I certify that all statements made in this "Permission to Travel" form are true and correct and made of my own free will. Please complete and return to the school Director at least three weeks prior to departure.

Please indicate all food allergies or special dietary needs: _____
If none check here:

I give my permission for _____ to participate in _____ School trip to _____
(name)

Participant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____
(If Participant is under the age of 18 at the time of signing) Parent/Guardian – cell number (Revised 03/2020)