

# S-Cubed Va À Paris Application Form

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Name & Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Gender: \_\_\_\_\_

Date of Birth (dd/mm/yyyy): \_\_\_\_\_

Nationality: \_\_\_\_\_

ID card number: \_\_\_\_\_

Passport number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Emergency Contact Person Name & Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Course: \_\_\_\_\_ Year: \_\_\_\_\_

Smart Card Number: \_\_\_\_\_

Do you suffer from any Medical Conditions we should know about? If yes please specify.

\_\_\_\_\_

\_\_\_\_\_

Do you have an EHIC card?

Yes

No

By signing this application form, I agree to the provision of travel insurance by S-Cubed (via Laferla Insurance) included in the price of the trip. I also acknowledge the payment of a **non-refundable** deposit of €250.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## S-Cubed Va À Paris Indemnity Form

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In consideration of my application for the Paris trip, hereinafter referred to as “the trip”, being organised by the Science Students' Society (S-Cubed), hereinafter referred to as “the organisation”, between the 23<sup>rd</sup> and the 27<sup>th</sup> March 2013, I hereby:

1. fully understand that the trip is inclusive of four nights' accommodation in the selected hostel on a Bed & Breakfast basis, return flights via Air Malta between Malta and Paris, travel insurance via Laferla Insurance, and all transfers by coach throughout the duration of the trip.
2. acknowledge that the initial payment of a deposit of €250 covers the preliminary expenses and is a **non-refundable** payment and will be followed by another subsequent payment to complete the total expenses for the trip by the end of February 2012;
3. warrant and fully acknowledge that I am solely responsible for my actions and any damages caused by me;
4. do not hold responsible the organisation and all members of the organisation's executive for any incidences beyond their control, including but not limited to: illness, personal injury, dissatisfaction with any particular service received, unexpected cancellation of flights and/or bookings, unanticipated changes in the programme, and/or loss of personal goods;
5. agree to abide by any rules, regulations and/or times set by the executive members of the organisation at any point throughout the trip;
6. acknowledge that I will be insured as a group with sufficient travel insurance and I am in the possession of a European Health Insurance Card (EHIC) in the event of any incident;

I, the undersigned, have read this Indemnity Agreement and understand all of its terms.

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Signature & Name

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Date