

FINANCIAL COMMITMENT FORM: India January 4—15, 2018

Please **READ** carefully this financially binding document. Then, please print your name, sign, and date at the bottom. Kindly scan/email your pen-signed form to Mary Anne Kucserik, Global Initiatives & International Programs at mkucser@cedarcrest.edu by February 10, 2017.

I understand and agree that:

1. Upon participating in this travel opportunity, as indicated by my signature below as well as the completion and submission of all required Cedar Crest College waivers, I am authorizing Cedar Crest College and the vendors engaged for this travel opportunity, the permission to make **non-refundable** deposits and payments on my behalf for flights, housing, transfers, insurance, and all other trip logistics.
2. I understand that I am financially responsible for paying all program-related costs by the stated due dates as indicated by Cedar Crest College and/or the vendors the College engages on your behalf.
3. I understand that should I need to withdraw from this travel opportunity for any reason **AFTER** having committed to the program, I am required to notify the Office of Global Initiatives in **WRITING** at mkucser@cedarcrest.edu as well as my professor/program leader **immediately** in order to stop additional deposits or payments on my behalf.
4. I understand that should I need to withdraw from the travel opportunity at any time **AFTER** having committed to the program that I am personally liable for all program costs paid for this travel opportunity that cannot be recuperated by the vendors.
5. **I understand that it is my responsibility to purchase Trip Cancellation & Interruption Insurance on my own to protect my financial investment. I will check first with Global Initiatives to determine whether already included in my program fee and the terms & conditions of such a policy.**

Note: Typically, insurance carriers only permit a window of 7—14 days from the time of initial deposit (i.e. with Cedar Crest College or outside vendor) within which you may purchase this type of policy. Please check upfront with insurance carriers as this time since limitations vary greatly. In order to file a Trip Cancellation & Interruption Insurance Claim, please note that proof (illness, death in family, etc.) must be provided to the insurance carrier.

6. I understand that in the event that I am unable to pay program fee costs prior to program departure, that I **WILL NOT** be able to travel with the group and that I am still liable for all program fees incurred. If a student: I further understand that a financial “hold” will be placed on my account until the balance is paid in full and that this will prevent me from being able to register for classes, and possibly graduate (for any senior traveling) the following semester. For non-students: I understand that if I do not pay outstanding balances due within the College’s requirement, the College will turn over my balance to collections.

Name Printed

Signature

Date