



PROGRAM REGISTRATION FORM

Program Name:
English Language Camp USA

Arrival Date:
June 30th

Departure Date:
July 16th

Student Information:

☐

Male

☐

Female

Current Grade: _____

Name: _____
Last First Middle Preferred (Nickname)

Address: _____
Street City State Zip Code Country

Phone: _____ Email: _____ Skype: _____

Date of Birth: _____ Place of Birth: _____ Citizenship: _____

Current School Information:

Name: _____ Contact Person: _____

Address: _____
Street City State Zip Code

Phone: _____ Email: _____

Family Information:

Parent/Guardian 1: _____
Last First Relationship

Address: _____
Street City State Zip Code

Phone: _____ Email: _____

Place of Employment: _____ Occupation: _____

Parent/Guardian 2: _____
Last First Relationship

Address: _____
Street City State Zip Code

Phone: _____ Email: _____

Place of Employment: _____ Occupation: _____

English Level:

☐

Beginner

☐

Intermediate

☐

Advanced

How many years have you studied English?

About Yourself:

What are your favorite activities, hobbies, sports, etc.? _____

Health:

Do you have any allergies? ☐ Yes ☐ No

If yes, please list them here: _____

Do you take any medications? ☐ Yes ☐ No

If yes, please list them here: _____

Do you have any medical, psychological, or social problems, or are you currently seeing a psychologist? ☐ Yes ☐ No

If yes, please list them here: _____

Individual Projects:

In addition to general English classes, our students participate in interactive projects to expand their English vocabulary and practice speaking with others. These projects take place in the afternoon.

Please list your first and second choices: ☐ Debate ☐ Science and Robotics ☐ Entrepreneurship

Airport Pick-up:

We offer optional airport pick-up and drop-off.

Please select your option: ☐ Students 16+/\$45 ☐ Unaccompanied minors/ \$150 ☐ None

Agreement and Release:

By submitting this Application, I grant the student permission to participate in the full program of classes and leisure activities and authorize Colibri Boston and program provider to take appropriate action in the event of any medical or other emergency and accept responsibility for the resultant costs. I also accept responsibility for any damage caused by the student and resultant cost for repair or replacement. I certify the above information is complete and correct. I understand that my misrepresentation may result in my child's expulsion from the program. I acknowledge that the terms and conditions appearing on Colibri Boston web site constitute part of my agreement with Colibri Boston and study abroad program host (university, college, language school, or other institution and/or organization), including sections concerning responsibility, health, refunds, changes in dates, accommodations, courses and billing of the selected options; I assume all risks and responsibilities and discharge Colibri Boston and the study abroad program host and all their officers, agents and employees from and against any and all claims of damage to personal property or personal injury which may result from my enrollment and participation in the study abroad program host courses, excursions, and/or on and off-campus activities. The Cogito World Education and Colibri Group have my permission to use my or my child's photograph publicly to promote both SAT and ESL summer programs. I understand that images and videos taken during the camp may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use. I have read the terms and conditions of enrollment and agree to follow all Colibri Boston and study abroad host procedures. This Agreement will be effective when my application is accepted by Colibri Boston and shall be governed by the laws of the State of Massachusetts, USA.

☐ Yes, I agree.

☐ No, I do not agree.

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____

Please send this form to info@cogitoworldeducation.org. Attach a **Copy of your passport**

Waiver and Release of Liability

I, the undersigned, a participant in the Summer Programs 2024 (hereinafter referred to as "Program"), for good and sufficient consideration, receipt of which is acknowledged, DO HEREBY WAIVE AND RELEASE all claims against Cogito World Education/ Colibri Group LLC and its Directors and Staff arising from or in any way connected with the following:

a. Injury, loss, damage, accident, delay, irregularity or expense arising from or connected with: the use by the Program of any vehicle or other mode of transportation or services;

ii. any strikes, war terrorism, weather, sickness, quarantine, government restrictions or regulations, act of God or any other reason;

iii. any act or omission of any steamship, airline, railroad, bus company, taxi service, sightseeing, hotel, restaurant, institute, school or university, or any other firm, company, individual or agency;

b. Any intentional or unintentional injury, whether or not resulting in death to me or to any other person or persons, caused, in whole or in part, by me, whether alone or together with or in association with others; c. Any intentional or unintentional damage or injury to property, whether personal, real or mixed, owned or in the custody or possessions of me, or any other person, caused in whole or in part, by me, whether alone or together with or in association with others;

d. Any financial or other obligations or liabilities that I may personally incur during the duration of the program, including, without limiting the generality of the foregoing, any obligations or liabilities incurred by me in any country in which the Program is conducted; and,

e. Any injury or loss whatsoever suffered by me during the periods of independent travel (which I understand may be unsupervised) or during any absence from the Program's supervised activities.

2. I AGREE TO INDEMNIFY AND HOLD HARMLESS Colibri Group and Cogito World Education , its Director, Staff, and any of their agents, from any and all claims, costs, expenses, including but not limited to attorney's fees, arising out of or in any way connected with any of the matters described in section 1 above.

3. HEALTH AND SAFETY. I hereby grant to Colibri and any of its Directors and Staff, full authority to take whatever action they may consider to be warranted under the circumstances regarding my health and safety, and I fully release each of them from any liability for such decisions or actions as may be taken in connection therewith. I authorize Colibri Group and Cogito World Education, its Directors, and Staff, at their discretion, to place me, at my own (or my parents') expense, in a hospital within or outside the United States for medical services and treatment, or if no hospital is readily available, to place me in the hands of a local medical doctor for treatment. If deemed necessary or desirable by Colibri Group, its Directors, or Staff, I authorize them to transport me back to my home by commercial airline or otherwise at my own (or my parents') expense for medical treatment. In the event Colibri Group, its Directors, or Staff advance or loan of monies to me or incur special expenses on my behalf while I am abroad, I (and my parents) agree to make immediate repayment upon my return to my home country.

4. STANDARDS OF CONDUCT. I will comply with the Program's rules, standards and instructions for student/applicant/participants behavior. I hereby waive and release all claims against Colibri Group, its Directors, and Staff, arising at a time when I am not under the direct supervision, to comply with such rules, standards and instructions; and I agree to indemnify Colibri Boston, its Directors, and Staff, against any consequences thereof. I agree that the Program shall have the right to enforce appropriate standards of conduct, and that it may at any time terminate my participation in the Program for failure to maintain these standards or for any actions or conduct which the Program considers to be incompatible with the interest, harmony, comfort and welfare of the Program and the other participants. If my participation is terminated, I consent to being sent back to my home country at my own (or my parents') expense with no refund of fees.

6. ALTERATION OF THE PROGRAM. I understand and agree that the Program reserves the right to make cancellations, substitutions or changes in cases of emergency or change of conditions or in the interest of each participant, I understand and agree that if performance of the condition and agreements stated in the Program description must be altered because of war or any other like reason, Colibri Group, its Directors, and Staff have the right to make such alteration or cancellation of part or all of the Program as Colibri Group, in its sole discretion, deems necessary, and that only those funds not actually used or covering administrative expenses of the Program will be refunded to me. The amount of any refund in each individual case shall be determined by Colibri Group at its sole discretion.

7. TRAVEL DOCUMENTS. I understand that it is my personal responsibility to obtain all passports, visas and travel documents as may be required in order to enter all countries on the Program, and to participate in the Program. Further, I shall hold the Colibri Group, its Directors, and Staff harmless in the case where I may not obtain the necessary documents for participation in the Program. I understand that the inability to obtain these visas and other documents does not constitute grounds for withdrawal with refund.
8. REFUNDS. Program payments are consider final and none refundable within 90 days before the Summer programs start day.
9. MISCELLANEOUS. All references in this Agreement and Release to the "Colibri ," "its Directors," and "Staff," etc. shall include all of their present, former and future officers, directors, staff members, employees, and agents. All reference herein to the "parents" of the applicant shall include the legal guardian or other adult responsible for the applicant (participant).
10. AGREEMENT. I have read and agree to all the terms and conditions set forth in this Agreement and Release and the Program brochure and understand that they constitute a part of my agreement with Colibri Group - Cogito World Education.
11. I, as the parent or guardian hereby give Colibri Group -Cogito World Education and its employees, representatives, and authorized media organizations permission to print, photograph, and record my child for use in audio, video, film, or any other electronic, digital and printed media.
- a. This is with the understanding that neither Colibri Group -Cogito World Education nor its representatives will reproduce said photograph, interview, or likeness for any commercial value or receive monetary gain for use of any reproduction/broadcast of said photograph or likeness. I am also fully aware that I will not receive monetary compensation for my child’s participation.
- b. I further release and relieve Colibri Boston -Cogito World Education, its Board of Trustees, employees, and other representatives from any liabilities, known or unknown, arising out of the use of this material.I certify that I have read the Media Consent and Release Liability statement and fully understand its terms and conditions.
- 12.The student’s participation in the described is entirely voluntary and is not a mandatory part of the school’s curriculum;
13. We RELEASE FROM LIABILITY AND WAIVE OUR RIGHT TO SUE Cogito World Education and Colibri Group LLC, and its administrators, directors, , chaperones, supervisors, volunteers and drivers (collectively “Colibri Group, LLC”), FOR ALL CLAIMS OR DAMAGES, we separately or collectively may have, FOR PERSONAL INJURY, BODILY HARM, INJURY TO OR LOSS OF PROPERTY, EMOTIONAL INJURY OR LOSS OF CONSORTIUM. We understand that we are not releasing Cogito World Education (and Colibri Group, LLC) from liability for claims or damages arising from any reckless or intentional act of Cogito;
14. We understand that this WAIVER AND RELEASE applies to the above-named student, his or her parent(s) or guardian(s), and their agents, representatives, heirs and assigns;
15. The cost of College University Preparation Summer Program is \$5,995 and the cost for English Language Camp is \$3,995, and must be paid in full before summer programs's start date. The fee is not refundable in case parents decide to terminate the agreement or the child returns from the program earlier. In case where Cogito terminates the agreement, we will prorate the fee and issue a refund based on remaining months.
- The summer programs does not include lunch, personal expenses, airfare tickets, airport pickup, and medical costs.

By signing below I confirm that I read, understand, and agree to the above

Parent (or legal guardian) Signature_____DATE_____

Parent (or legal guardian) Signature_____DATE_____

Medical Release Form

We, the legal parent(s) or guardian(s) of _____(name of student) grant Cogito World Education, and its Program leaders and staff explicit right in case of an emergency, to authorize medical treatment deemed necessary by a member of the medical profession, in a hospital, medical clinic or doctor's office, including but not limited to any surgical procedures.

Cogito staff will be the full guardian for, (student will have the right to authorize treatment from a physician for non-emergency conditions as well. In the case that said medical expenses exceed that of the coverage provided by the insurance policy, all of said expenses will be borne by the undersigned participant and natural parent or guardian. We (legal parents/guardians) will pay all outstanding medical bills as soon as they are brought to our attention.

We confirm at the time of signing this document, our child has perfect health and all health documents submitted are complete and true.

We grant Cogito World Education, its Program leaders and associated staff permission to represent our child before local or state authorities. If an attorney is required, we will provide all costs and fees necessary to ensure proper representation.

This document will be valid for the duration of the program, or until the student returns to school.

By signing this form we also certify that our child has valid US health insurance and will bring the copy of the insurance card to the program.

Date.....

Parent (or legal guardian) Full name.....Parent Full Name.....

Parent (or legal guardian)SignatureParent Signature.....

Media Release Form

1. I, the undersigned, hereby authorize Colibri Boston to photograph me, take motion pictures of me, take video footage of me, and/or make electronic sound recordings of me (herein referred to as photographic or electronic reproductions).

2. I authorize the use of any such photographic or electronic reproductions of me for any purpose, including, but not limited to educational and other public media as may be deemed appropriate by Colibri Boston (I understand that I may be identifiable from such photographic or electronic reproduction)

Parent (or legal guardian) Full name.....Parent Full Name.....

Parent (or legal guardian)SignatureParent Signature.....

Liability Release Form for Car Transfers, cars and drivers hired by Cogito World Education

I, _____, hereby release all liability, claims, demands, actions, and causes of action, whether at law or in equity, whether known or unknown, arising out of or in connection with the transfers from or two school arranged by Cogito World Education . I understand and acknowledge that Cogito does it best to provide the best drivers and cars but the drivers are independent contractors and Cogito has no further control or responsibility for any road accidents, car performance hereby release and discharge Cogito World Education, Colibri Group LLC and its agents, employees, officers, and representatives from any and all liability for any accidents, injuries, damages, or losses that may occur as a result of the use or operation of the vehicle by the recipient.This release of liability includes, but is not limited to, any claims related to the condition of the vehicle, its safety, maintenance, or any defects.I have read this release and fully understand its terms and significance. I execute it voluntarily and with full knowledge of its legal consequences.

Parent (or legal guardian) Full name.....

Parent Signature.....