

# **LATIN AMERICAN SERVICE EXPEDITIONS**

## **Terms and Conditions**

### **Conditions for Participation**

The goal of Latin American Service Expeditions (LASE) is to offer learning, adventure and a group experience within the boundaries of safety, common sense, and the law. Living within a small group is challenging and students will be expected to actively participate and at times compromise some of their own needs for the common goals of the group. While participating in program activities, students must follow the stated instructional sequence and safety standards. Unsafe actions taken by any participant are grounds for dismissal. Possession or use of tobacco products, weapons, alcohol or unprescribed drugs, as well as sexual activity, exclusive relationships and unauthorized absence from the group are against our rules, and we are inflexible about them. LASE reserves the right to dismiss participants who have violated the Conditions for Participation or the Student Contract, or who we believe have become an overall hindrance to the group process or the stated goals of the program. Participants who are dismissed or who withdraw will be sent home at their own expense, without refund of any fees paid, even in the case of medical conditions. In such instances, accompaniment by a LASE leader on the flight(s) home will be impossible, though at the request of a parent or guardian, LASE will attempt to arrange for the student to be treated as an unaccompanied minor by the airline. In such instances, any additional fees will be borne by the participant's family.

### **Health Forms**

Our health form must be completely filled out and signed by a parent or guardian or by the family physician. The health form must be received by LASE with the enrollment form. Acceptance into an expedition is contingent upon our approval of the health form, and failure to answer all questions accurately or the misrepresentation of the participant's current physical and/or emotional condition may necessitate the dismissal of the participant, even after the expedition has commenced, at the parents'/guardians' expense. All students must be covered by medical insurance. In case of illness or injury, LASE will administer first aid and/or take the injured student to medical services. The cost of these services (including expenses for both the student and accompanying staff person) are the responsibility of the parent or guardian. Students who leave the program for medical reasons are not eligible for a refund.

### **Transportation**

International travel to and from the Juan Santamaria International Airport is the logistical and financial responsibility of the parents/guardians. Travel arrangements must be submitted to LASE.

### **Risk Management**

Safety management is our priority. The physical and emotional well-being of our participants is the primary concern of our leaders. LASE uses care in the selection of our leaders, transportation companies, outfitters, facilities and

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services, and takes active steps to identify, analyze and manage risk to all participants and their personal property. Our risk management protocol cannot remove all risk; parents and participants must understand the nature of our expeditions and accept the inherent risks involved in such activities.

### Equipment

Latin American Service Expeditions will provide equipment needed for group travel and living and participants are expected to care for equipment. If a participant damages or loses any equipment belonging to or subcontracted to LASE, the student and/or parent/guardian will be held responsible (normal wear and tear excluded). LASE insurance does not cover the personal property and equipment of participants; parents/guardians should check with their own insurance providers to ensure their child's personal property and equipment are covered against loss, theft or damage.

**Participant Name** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian Name** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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## 2025 Service Expedition Enrollment Form

### STUDENT INFORMATION

Name \_\_\_\_\_ ☐ Male ☐ Female  
(as it appears on your passport)

Nickname \_\_\_\_\_ Date of Birth \_\_\_\_\_

Student's Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

School Name \_\_\_\_\_ Current Grade \_\_\_\_\_

Citizenship \_\_\_\_\_ Passport Number \_\_\_\_\_

### Expedition and Start Date:

Albuquerque Academy 9 Day Service Expedition to Yorkin, Costa Rica

Start Date: March 15, 2025

End Date: March 23, 2025

(For complete description of your expedition please see the accompanying itinerary.)

### PARENT INFORMATION

Parent 1 _____	Parent 2 _____
Address _____	Address _____
City, St, Zip _____	City, St, Zip _____
Country _____	Country _____
Home Phone _____	Home Phone _____
Work Phone _____	Work Phone _____
Cell Phone _____	Cell Phone _____
E mail _____	E mail _____

Student primarily lives with:

Parents

Parent 1

Parent 2

Mail should be sent to:

Parents

Parent 1

Parent 2

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## TO BE COMPLETED BY THE PARTICIPANT

This part of the Enrollment Form help ensure that Latin American Service Expeditions is right for you. Please complete and submit both sections.

### Part 1- About You

What do you hope to gain from your service expedition? What do you think you can contribute?

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Part 2 – The Contract: Review and initial each item of the contract below. If you do not understand or agree with any of these items, please contact us.

I \_\_\_\_\_ agree to:

\_\_\_\_\_ Commit to the successful implementation of all volunteer projects. I understand that I am enrolling in a program dedicated to community service.

\_\_\_\_\_ Make my best effort to be respectful toward others within and outside the group.

\_\_\_\_\_ Work and live cooperatively with others both within and outside the group.

\_\_\_\_\_ Participate fully in all group meetings and activities.

\_\_\_\_\_ Work to maintain group cohesion by not becoming involved in any exclusive behavior, including isolating myself from the group, being a part of a clique, or having a romantic relationship with any group member.

\_\_\_\_\_ Follow all safety policies set by my leaders.

\_\_\_\_\_ Not consume tobacco products, un-prescribed drugs or alcohol.

\_\_\_\_\_ Take care of the property and equipment belonging to LASE and my group.

\_\_\_\_\_ Not leave the supervision of LASE group leaders without their permission.

\_\_\_\_\_ Be flexible, patient and open-minded in the face of new and challenging situations.

\_\_\_\_\_ Acknowledge that LASE reserves the right to dismiss, without expedition fee refund and at the expense of the participant, those who break this contract.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_



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## CONFIDENTIAL HEALTH RECORD AND REPORT

Please complete Part I, ask a legal guardian or family physician to complete Part II, and return this form with your completed enrollment form to the school.

An expedition abroad can create emotional and physical stress for those not able to meet the demands of living in a totally different environment for an extended period of time. It is in your own interest that this record and report be carefully completed. This form will be kept in your confidential file at the **LASE** office for reference in the event of an emergency.

### PART I: To be completed by the participant or parent

Participant's Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Type \_\_\_\_\_

In your estimation, would you say that participant's general health is excellent \_\_\_\_\_ good \_\_\_\_\_ fair \_\_\_\_\_ poor \_\_\_\_\_

Does participant have any known food allergies or dietary restrictions for reasons of health?

Does participant have any known allergies to drugs or medications?

Please note any of the following which participant may have had and explain any recent or serious episodes below:

_____ Amoebic Dysentery	_____ Hay Fever	_____ Pneumonia
_____ Appendicitis	_____ Heart Trouble	_____ Poliomyelitis
_____ Asthma	_____ Hepatitis	_____ Rheumatic Fever
_____ Bronchitis	_____ Kidney Trouble	_____ Scarlet Fever
_____ Bone Infection	_____ Malaria	_____ Sinusitis
_____ Chicken Pox	_____ Measles	_____ Smallpox
_____ Diabetes	_____ Menstrual Difficulty	_____ Stomach Ulcer
_____ Diphtheria	_____ Migraine Headaches	_____ Tuberculosis
_____ Ear Infection	_____ Mononucleosis	_____ Typhoid Fever
_____ Eating Disorder	_____ Mumps	_____ Whooping Cough
_____ Epilepsy		

Explain:

Has participant had any serious illness not covered above? \_\_\_\_\_ Explain.

Please list any medications participant is currently taking or will be taking during the expedition.

Has participant ever been treated by a psychiatrist, psychoanalyst or similar practitioner for any mental, emotional or nervous disorder or problem? \_\_\_\_\_ Explain.

Is participant currently under treatment for any reason? \_\_\_\_\_ Explain.

Give the dates, if any, of immunizations against the following:

Diphtheria \_\_\_\_\_ Mumps \_\_\_\_\_ Smallpox \_\_\_\_\_ Typhoid \_\_\_\_\_  
Measles \_\_\_\_\_ Polio \_\_\_\_\_ Tetanus \_\_\_\_\_ Whooping Cough \_\_\_\_\_

Recent intradermal tuberculin test date: \_\_\_\_\_ Results:

Date of last chest X-ray: \_\_\_\_\_ Results:

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## **PART II: To be completed by the participant's physician (if possible).**

Is the information provided by the participant in PART I of this record and report complete and correct to the best of your knowledge? If not, please clarify:

Has the participant any physical condition, disability or impairment which might cause hardship during a period of strenuous travel or an extended stay abroad?

Has the participant any predisposing medical or surgical condition which may, under stress, present a need for immediate therapy during the time to be spent abroad?

Please note any other information, including details of current treatment, if any, which would be helpful to the physician who would be treating this participant during her or his participation in the expedition (use additional paper if necessary):

Physician's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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

Zip \_\_\_\_\_ Date of Examination: \_\_\_\_\_

Phone: \_\_\_\_\_ I have known this person \_\_\_\_\_ years

Please return this form to the participant. Thank you very much for your cooperation.

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## TO BE COMPLETED BY PARENT/GUARDIAN

We would like to know a bit about your child and your goals for your child during this service expedition. Please feel free to use an additional sheet of paper.

1. What are your child's major strengths and weaknesses? Please let us know if you have additional information or concerns to help us provide the best possible service experience for your child.

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2. What would you like your child to gain from a Central American Service Expedition?

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### Assumption of Risk, Waiver of Liability and Indemnification Agreement

We have read and understand the program description for which our son or daughter is applying. We further have read, understand and agree to the provisions contained in the "Terms and Conditions". There are certain risks inherent in Latin American Service Expedition activities and programs; we understand the nature of these programs and accept the risks involved. We agree to release, waive, covenant not to sue, indemnify and hold harmless Latin American Service Expeditions and their agents of any and all liability and responsibility of any nature for any loss or damage to property or personal injury, including death or illness, incurred by our child while participating in a LASE program. We understand that our failure to disclose fully any information regarding our child which results in an inappropriate placement in a LASE program is cause for dismissal without refund. We also understand that LASE will dismiss without any refund and at parent(s) expense any student who disrupts the group or who violates the "Conditions for Participation." We give permission to LASE to use photography of our child and to use his/her creative writing in promotional, documentary and other educational publications (print and electronic).

Parent 1 Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent 2 Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return your completed forms to the school.

