

**You can fill in the form on your computer, but you can't save it.
Complete the form, print, sign, and mail with your check.**

InterSpan Language Institute – Registration Form

Return completed form with non-refundable registration fee of \$100 to:

InterSpan

Attn: Dr. de Barling
P.O. Box 3206
Santa Clara, CA 95055

Last Name: _____ First Name: _____ Sex: _____ Age: _____

Street: _____ City: _____ State: _____ Zip: _____

Telephone: _____ - _____ - _____ E-mail: _____

Check your current level of Spanish:

Advanced Intermediate Low Intermediate Beginner

Briefly state the reason(s) why you wish to attend InterSpan?

State any health conditions you have that might prevent your full participation in the academic program or in the activities or field trips:

Please Read and Sign: I, (and/or my parent or guardian if I am a minor), an applicant of an InterSpan program, acknowledge that InterSpan, its employees and agents, my school, school district, school board, college, university and any chaperon or staff member accompanying any tour in which I participate, are not responsible for any event outside their control (including without limitations, acts of God, strikes, war, sickness, or government restrictions or regulations), or for acts of any person or entity not controlled by InterSpan (including without limitations airlines, bus companies, taxi services, hotels and schools). I hereby release InterSpan, its employees and agents and a local school from all claims of any nature arising out of such events or acts. I also grant InterSpan, its officers or agents, to place me, at my own expense (if not paid or covered by the insurance policy), in a hospital at any point for any service and treatment, or, if no hospital is available, to place me in the hands of a local medical doctor for treatment. InterSpan, its officers and agents are further authorized to fly me back to the United States at my own expense (if not paid or covered by the insurance policy) for medical treatment if this is deemed necessary by InterSpan in consultation with local medical authorities. I understand that InterSpan has full authority to terminate participation in its programs for failure to comply with its rules, standards and instructions, and that in such case, I may be sent home at my own expense with no refund of fees. I will indemnify InterSpan, its employees and agents, for any financial liability or obligation which I personally incur, or injury or damage to the person or property of others which I cause, while participating in InterSpan programs. InterSpan is the principal and will make all arrangements for services and accommodations for my program. InterSpan may cancel any program for insufficient enrollment or otherwise, and may alter programs, itineraries, and departure dates, and/or substitute airlines and equipment as required. I certify that I have read and understand the "Terms and Conditions" and that I accept all terms and conditions stated herein.

Signature: _____ Date (M/D/Y) _____ / _____ / _____

If under 18 years of age, parent or guardian must sign.