

# THANKSGIVING HOMESTAY TRIP

Please answer all questions and sign your name. Please return this application  
by **November 6** to

International House  
Office of Programs and External Relations  
1414 East 59th St.  
Chicago, IL. 60637

			Male	Female
Last Name	First Name	Age	Circle One	

Street Address	City	State	Zip Code
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(_____) Phone Number	E-mail Address
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University	Field of Study	Date You Entered USA	Nationality
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Hobbies/Interests \_\_\_\_\_

Single      Married      Smoker      Non-smoker

Religion (optional) \_\_\_\_\_ Dietary Restrictions \_\_\_\_\_

Allergies or medical conditions \_\_\_\_\_

Are you bothered by household pets? \_\_\_\_\_

Have you attended the Program before? No Yes

Year(s) \_\_\_\_\_ Town(s) \_\_\_\_\_

Name of affiliated institution \_\_\_\_\_

Student ID Number \_\_\_\_\_

*Note: Every participant MUST provide a student ID number on their application as proof of their enrollment in the school.*

PLEASE LIST ALL FAMILY MEMBERS WHO WILL ACCOMPANY YOU ON THE TRIP

NAME	AGE	MALE or FEMALE	RELATIONSHIP (Spouse, Parent, Child, etc.)

**ACCEPTANCE OF RISK**

As a participant in the International Fellowship Program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume responsibility for any injuries, damages or loss which I, my spouse or any member of my family may sustain as a result of participating in any and all activities connected with or associated with the International Fellowship Program. I acknowledge that the International Fellowship Program is providing me with an educational opportunity and I will hold The University of Chicago, International House, the International Fellowship Program community organizations, and host families blameless for any occurrence resulting there from. I also understand that The University of Chicago, International House, the International Fellowship Program community organizations, and host families do not provide accident, sickness or medical insurance for me or my family and that it is my responsibility to maintain such insurance for my benefit, if I so desire. I further agree that participation in any activity will be at my or my family's own discretion and judgment. I am 18 years of age or older. I am the parent or guardian of any children who will accompany me. I have read and fully understood the above Acceptance of Risk. I understand that this is a four day program and agree to participate in the program for all four days.

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Participant

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Date

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Spouse

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Date