INTENT TO DIVERT FROM GROUP

As a participant in a group study experience, you are required to complete this form any time you divert from the group’s planned itinerary. The purpose of this form is to inform the group leader(s) of your destination, itinerary and contact names/numbers, and to remind you of the importance of taking personal responsibility for your safety at all times. The group leader has the right to refuse to allow you to divert from the group plan.

Please carry proper identification and the name, address and telephone number of the current hotel and future hotels with you at all times. You are responsible for your safety and for returning to the group at the time you have indicated. You are asked to confirm the feasibility of your travel plans with your local contacts, to use the buddy system when going out, to inform the group leader of any change in plans, and to rejoin the group at the next destination at your own expense should you be delayed. Please understand that you will not be covered under CISI travel insurance except between the dates of your program. We strongly recommend that you contact CISI to have your travel insurance extended to cover your specific trip dates.

Name:__________________________________________________

Your travel plans outside of the group trip – give as much detail as possible:
_________________________________________________________________________________________________
____________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

Contact Information (how you can be reached while diverted from the group)
_________________________________________________________________________________________________

_________________________________________________________________________________________________

Departure Date: ____________  Departure Time: ________________
Return Date: ______________  Return Time: ________________

“I have informed the group leader of my intention to depart from the group. I acknowledge that I am voluntarily departing from the group itinerary, and I take full responsibility for my safety while away from the group, and if I am not rejoining the group, I take full responsibility for returning to the U.S. or to my home country. I also understand that I will receive no refund of expenses or funds paid to the University of Illinois, Urbana-Champaign, or any other travel provider because of my choice to divert from group plans.”

Signature of Traveler:__________________________________________  Date:________________________

Signature of Group Leader:______________________________________  Date:_____________________

Please return the form above with your attached itinerary to:
1055 Business Instructional Facility