



# Application

All questions on this form must be answered.  
Incomplete applications will not be processed.

Program Reference Code:

First name

Last Name

Date of Birth:     
Month Day Year

(STUDENTS MUST BE 17 YEARS OR OLDER ON THE DAY OF THE DEPARTURE)

Place of Birth

Gender: Male  Female

Address (Street)

City

Day Phone

E-mail Address

Institution you are attending:

State

Zip

Evening Phone

Social Security Number

Country of citizenship

**PLEASE NOTE:**  
CAPA is not responsible for procuring visas or other travel documents that may be required for overseas study. Check requirements with the embassy or consulate of the country or countries in which you plan to travel and/or study.

<input type="text"/>	<input type="text"/>
<b>EMERGENCY CONTACT NAME</b>	Relationship
<input type="text"/>	
Address (Street)	
<input type="text"/>	<input type="text"/>
City	State Zip
<input type="text"/>	<input type="text"/>
Day Phone	Evening Phone

Are you applying for financial aid?  Yes  No If yes, you must submit a CAPA Financial Aid Disbursement form with your Application/Release

**ACCOMMODATION PLACEMENT**— The following information is used for accommodation placements only. CAPA will make every effort to place you according to your requests, but cannot guarantee doing so. Returning this form later than 70 days prior to departure from the U.S. may result in placement delays as well as late fees (outlined on the CAPA Agreement form).

Foreign Languages Spoken (Include Proficiency) \_\_\_\_\_

Allergies \_\_\_\_\_

Dietary Restrictions \_\_\_\_\_

Physical Restrictions \_\_\_\_\_

Medications you will be taking \_\_\_\_\_

Do you smoke?  Yes  No Would you accept a placement with smokers?  Yes  No

Interests/Sports/Hobbies: \_\_\_\_\_

Additional information that may be useful in making your placement \_\_\_\_\_

**Rooming information—applies only to housing with shared bedrooms:**

List anyone you PREFER to be roomed with \_\_\_\_\_

List anyone you prefer NOT to be roomed with \_\_\_\_\_

**Host Family information—applies only to homestay programs with local families:**

I would to prefer to stay with a family:	With	Without	No Preference
Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Where did you hear about this program? (circle all that apply):**

- Program brochure
- Program poster
- Course catalog
- Web page
- Faculty/counselor
- Other students/past program participants
- Recruitment meeting
- Other (please specify) \_\_\_\_\_

This application must be accompanied by a deposit of \$300 (\$250 non-refundable) or full payment if received within 70 days of departure. Late fees may apply (see CAPA Agreement for details). Mail to CAPA, PO Box 55087, Boston, MA, 02205-5087



# Agreement

- 1 Applying for Your Program**—Complete the application on the reverse and sign at the bottom of this page. A deposit of \$300 must accompany your application. Mark on the check the participant’s name, the selected program, the sponsoring Institution and the program reference number. Payment in full is due 70 days prior to departure.
- 2 Payment Deadlines**—You are responsible for making payments by the appropriate deadlines. To avoid a late fee, payments must be received on or before the 70 day deadline date. If the deadline date falls on a non-business day, payments must be made before the deadline date.
- 3 Late Fees**—A late fee of \$100 will be applied to all applications received within 70 days of departure and to all accounts with an outstanding balance 70 days prior to departure. Applications received within 70 days of departure must be accompanied by full payment and will be accepted subject to availability. If you have an outstanding balance 45 days prior to departure, your application will be cancelled and you will receive a refund according to Section 5 below. If you wish to be reinstated, subject to availability, a fee of \$175 will be applied in addition to any additional air and land costs.
- 4 Financial Aid**—If you are applying for financial aid to pay for your program, you must submit a CAPA Financial Aid Disbursement Form with this Application/Release. On receipt of your application form, which must be accompanied by a minimum deposit of \$300, CAPA will mail you a Financial Aid Package which will give full details of payment schedules and other necessary information. If the financial aid amounts and disbursement dates are satisfactory to CAPA, your application will be processed.
- 5 Cancellation and Refund Policy**—Cancellations can only be accepted in writing, or by signed fax, and cannot be accepted by email or telephone. The effective cancellation date is the postmark on the notification or the date of receipt of a signed fax. If you have received an airline ticket, you must return it to CAPA (certified mail, return receipt) in order to receive any refund due. Refunds are calculated according to the following schedule and are mailed within 45 days of receipt of the written cancellation.
- 6 Returned Checks**—A \$50 processing fee will be charged for any check returned to CAPA. If your check is returned and your replacement check is not received by your deadline, you will incur any applicable late fees. Checks will not be re-deposited to the bank.
- 7 Insurance**—All participants on CAPA programs are provided with standard insurance and additional insurance is available for purchase. CAPA will provide details of all insurance policies before the start of the program.
- 8 Changes in the Program**—CAPA reserves the right to make the following changes which will not constitute grounds for a full refund: a) Changes in itinerary, including departure date, and changes to the order of events in the program; b) A change in air routing or airline carriers; c) Omissions of sights or services described in the itinerary due to scheduled closures, holidays or strikes. Where possible, suitable alternatives will be provided; d) A change in program fees unless full payment is received 70 days prior to departure.

Withdrawal Date	Refund Amount
More than 60 days prior to departure	Full refund less the \$250 non-refundable fee
46 to 60 days prior to departure	Full refund less 25% of the program fee and the \$250 non-refundable fee
22 to 45 days prior to departure	Full refund less 50% of the program fee and the \$250 non-refundable fee
21 days or fewer prior to departure	No refund

If a program is cancelled by CAPA or the Institution due to insufficient enrollment more than 70 days prior to departure, applicants will receive a full refund. If the program is cancelled within 70 days of departure, refunds will be subject to the CAPA cancellation and refund policy.

## SIGNATURES

I, or my parent or guardian if I am under 18 years of age, have read and understand this Agreement and agree to be bound thereby. Any controversy or claim arising out of, relating to, or interpreting this Agreement shall be determined by arbitration to be conducted before the American Arbitration Association in Boston, Massachusetts, in accordance with the Commercial Arbitration Rules of the American Arbitration Association and the laws of the Commonwealth of Massachusetts.

Applicant’s signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian’s signature: \_\_\_\_\_ Date: \_\_\_\_\_

Campus Coordinator’s signature (if required by the Institution): \_\_\_\_\_ Date: \_\_\_\_\_

In this contract, "CAPA" shall mean the Centers for Academic Programs Abroad, Inc., a California corporation, and its past and present employees, directors, officers, stockholders, members, agents, representatives, subsidiaries, parents and affiliates. The "Institution" shall mean the sponsoring organization, college or university, and its past and current officers, employees, affiliates, agents or representatives. I understand and agree to the following:

1. If, in the sole discretion of the Institution or CAPA, at any time my behavior is deemed unacceptable, I may be expelled from the program and/or sent home at my own expense or that of my parent/guardian if I am a minor, and I shall not be entitled to receive a refund for any services not received. I hereby acknowledge and agree that if I break any law during my participation in the program I may be subject to prosecution by local law enforcement authorities, and that CAPA has no obligation or duty to defend me in any proceedings or to otherwise provide me with any assistance in connection therewith.
2. I RECOGNIZE THAT PARTICIPATION IN THE PROGRAM ENTAILS CERTAIN RISKS TO MY PROPERTY AND PERSON THAT IN CERTAIN CIRCUMSTANCES CAN BE SERIOUS. I FREELY AND KNOWINGLY ASSUME THOSE RISKS. IN ADDITION, I HEREBY FULLY FOREVER, IRREVOCABLY AND UNCONDITIONALLY RELEASE, REMISE AND DISCHARGE CENTERS FOR ACADEMIC PROGRAMS ABROAD, INC. AND ALL ITS PAST AND PRESENT EMPLOYEES, DIRECTORS, OFFICERS, STOCKHOLDERS, MEMBERS, AGENTS, REPRESENTATIVES, SUBSIDIARIES, PARENTS AND AFFILIATES (COLLECTIVELY "CAPA") FROM ANY AND ALL CLAIMS, CHARGES, COMPLAINTS, DEMANDS, ACTIONS, CAUSES OF ACTION, SUITS, RIGHTS, DEBTS, COSTS, DAMAGES, EXECUTIONS, OBLIGATIONS, LIABILITIES, AND EXPENSES (INCLUDING ATTORNEYS' FEES AND COSTS) (COLLECTIVELY, "CLAIMS"), OF EVERY KIND AND NATURE RELATING TO OR ARISING FROM ANY CAUSE WHATSOEVER, INCLUDING WITHOUT LIMITATION FROM: (A) CAPA'S NEGLIGENCE OR OTHER ACTS OR OMISSIONS, (B) ANY SICKNESS, INJURY, OR ACCIDENT THAT I MAY SUFFER (INCLUDING THOSE WHICH RESULT IN MY DEATH) DURING MY PARTICIPATION IN THE PROGRAM, (C) ANY LOSS OF OR DAMAGE TO ANY PHYSICAL PROPERTY, WHETHER OWNED BY ME OR A THIRD PARTY, (D) ANY ERRORS OR OMISSIONS CONTAINED IN ANY BROCHURE, APPLICATION OR ANY OTHER LITERATURE I HAVE RECEIVED FROM CAPA OR THE INSTITUTION, AND (E) ANY DELAYS IN BOOKINGS OR THE MAKING OF TRAVEL ARRANGEMENTS OR THE NON-CONFIRMATION OR ACCEPTANCE OF ANY BOOKINGS, EXCEPT FOR CLAIMS RELATING TO MY PERSONAL INJURY, DEATH OR OTHER BODILY HARM DIRECTLY CAUSED BY A DELIBERATE WRONGFUL ACT OF CAPA OR THE INSTITUTION.
3. CAPA SHALL HAVE THE RIGHT, AT ANY TIME AND IN ITS SOLE AND ABSOLUTE DISCRETION, TO CANCEL ANY PROGRAM OR MAKE ANY CHANGES OR ALTERATIONS IN ROUTE, ACCOMMODATIONS, PRICE AND/OR DETAILS IN THE EVENT OF ANY PROGRAM BEING RENDERED IMPOSSIBLE OR INADVISABLE, IN CAPA'S SOLE DISCRETION, BY WEATHER, STRIKES, WAR, CIVIL UNREST, TERRORISM, ACTS OF GOD, GOVERNMENT INTERFERENCE OR ANY CAUSE WHATSOEVER THAT IS BEYOND CAPA'S CONTROL. ANY AND ALL EXPENSES INCURRED AS A RESULT THEREOF SHALL BE MY RESPONSIBILITY.
4. I HEREBY AGREE AND ACKNOWLEDGE THAT UNDER NO CIRCUMSTANCE SHALL CAPA BE OBLIGATED TO PAY ANY AMOUNTS HEREUNDER TO ME OR TO ANY THIRD PARTY RELATING TO CAPA'S LIABILITY HEREUNDER OR RELATING TO THE PROGRAM IN EXCESS OF THE AGGREGATE AMOUNT RECEIVED BY CAPA FROM ME, OR ON MY BEHALF IN CONNECTION WITH MY PARTICIPATION IN THE PROGRAM.
5. I hereby agree to indemnify, defend and hold CAPA harmless from any Claims brought against or incurred by CAPA arising from or relating to any of my acts or omissions while participating in a CAPA program.
6. I hereby agree and acknowledge that it is my personal responsibility to obtain all passports, visas and required travel documents in order to enter each of the countries on my itinerary. I understand that if I am unable to obtain the necessary travel documents, or do not have them with me at the time of travel, I will not be entitled to a refund except as described in the agreement.
7. I HEREBY AGREE AND ACKNOWLEDGE THAT CAPA SHALL NOT BE RESPONSIBLE OR LIABLE FOR MY WELL-BEING AT ANY TIME THAT I AM IN MY ACCOMMODATIONS, DURING PERIODS OF INDEPENDENT TRAVEL OR ANY OTHER TIME PERIOD THAT IS CONSIDERED FREE TIME AWAY FROM ACTIVITIES OR EVENTS THAT ARE SPECIFICALLY AUTHORIZED BY CAPA. I UNDERSTAND THAT CAPA AND THE INSTITUTION ARE NOT RESPONSIBLE FOR THE ACTS OR OMISSIONS OF PERSONS OR ENTITIES OUTSIDE THEIR CONTROL, INCLUDING, WITHOUT LIMITATION, THE ACTS OR OMISSIONS OF ANY AIRLINES, SURFACE TRANSPORTATION COMPANIES, INCLUDING, WITHOUT LIMITATION, ANY CAR SERVICE COMPANIES, RENTAL CAR COMPANIES, TAXICABS, TRAIN SERVICE COMPANIES, ANY MEMBERS OF MY OR ANY OTHER PARTICIPANT'S HOMESTAY FAMILY, HOTELS, HOSTELS, APARTMENTS, ACCOMMODATION PROVIDERS AND OTHER SUPPLIERS OF TRIP SERVICES, AND ALL OF THEIR RESPECTIVE EMPLOYEES, PERSONNEL OR OTHER AGENTS. I HEREBY UNCONDITIONALLY RELEASE CAPA AND THE INSTITUTION FROM ALL CLAIMS ARISING OUT OF OR RELATING TO THE ACTS OR OMISSIONS OF THIRD PARTIES NOT WITHIN CAPA OR THE INSTITUTION'S CONTROL.
8. Once the CAPA Program has started, no refunds will be made for sightseeing, excursions, accommodations or other services in which I have declined to participate.
9. CAPA may use statements made by me, photographs and video footage of me for publicity and advertising purposes.
10. CAPA is not responsible for any costs arising from the loss or theft of any of my personal property at any time, including my airline ticket.
11. This agreement shall be governed by the laws of the Commonwealth of Massachusetts. Any controversy or claim arising out of or relating to this agreement, or the interpretation hereof, shall be determined by arbitration to be conducted before the American Arbitration Association in Boston, Massachusetts, in accordance with the Commercial Arbitration Rules of the American Arbitration Association and the laws of the Commonwealth of Massachusetts. I hereby irrevocably submit and consent to and acknowledge and recognize the jurisdiction of any federal or state court located within the Commonwealth of Massachusetts for the purpose of enforcing any arbitration award.
12. In the event any provision herein shall be held void, invalid, or inoperative, such decision shall not invalidate or otherwise affect, in any respect, any other term or terms of this agreement. If any provision of this agreement shall be determined, under applicable law, to be overly broad in duration, geographical coverage or substantive scope, then such provision shall be deemed narrowed to the broadest term permitted by applicable law.
13. I hereby agree and acknowledge that I have carefully read this agreement, understand the contents herein, freely and voluntarily assent to all of the terms and conditions hereof, and sign my name of my own free act, and that I have had an opportunity to fully discuss and review the terms of this agreement with an attorney.

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