



CANCELLATION POLICIES STATEMENT OF RELEASE AND AGREEMENT

CANCELLATION POLICY:

The initial \$150.00 deposit is non-refundable and non-transferable. You may cancel your trip at anytime without additional penalty until 60 days prior to your departure date. After that, all monies received are non-refundable and remaining balances are due and payable.

PLEASE BE ADVISED, THERE ARE NO EXCEPTIONS TO THE CANCELLATION POLICY! All cancellations must be made in writing and are valid per postmark. Verbal and phone cancellations are not acceptable under any circumstances. However, these communications are appreciated.

STATEMENT OF RELEASE:

HTEDance & Spirit Group, Inc., it's owners, officers and employees act only as agent and producer and assume no responsibility or liability in connection with companies through which accommodations, transportation and meals are secured not for services of any train, vessel, carriage, aircraft, conveyance or company used wholly or in part in the performance of it's duty to passengers, nor for any act, error or omission or any injury to person or property, loss, accident or delay or irregularity which may be occasioned by reason of any defect in any vehicle or through neglect of any company or person engaged in carrying out activities specified in the tour itinerary for participants.

The performance of this Agreement is subject to any circumstances beyond control making it impossible to utilize the services of listed businesses, hotel properties or facilities, including acts of God, war, local natural disaster, civil disorder, or grounding of any airline transportation facilities.

STATEMENT OF AGREEMENT TO TERMS:

I, _____, parent or guardian of _____, of _____ High School, have read, understand and agree to all of the above listed items. I further understand that cancellations are not accepted after cancellation date (60 days prior to departure) and that any monies collected are non-refundable, non-transferable and all remaining balances are due after that date. I also understand that all payments received late will be automatically charged a \$25 per person late fee. All fees are billed through my child's school.

Parent's Full Legal Name: _____

Parent's Signature: _____

Student Full Legal Name: _____

School Name: _____

Date: _____

THIS FORM MUST BE COMPLETED IN FULL & RETURNED PRIOR TO ARRIVAL OR ADMITTANCE WILL BE REFUSED!