

# EXPEDITIONS TRAVEL GROUP

## CODE OF CONDUCT

**PARENTS AND PARTICIPANTS: PLEASE READ THIS PAGE - THEN READ AND SIGN THE ACCOMPANYING CODE OF CONDUCT, KEEP A COPY OF IT FOR YOUR RECORDS AND FAX TO 770-234-5170 OR MAIL ORIGINAL TO:**

**Expeditions Travel Group Inc. 6013 W Olympic Blvd, Ste A, Los Angeles, CA 90036**

**PLEASE READ CAREFULLY:** The ETG **CODE OF CONDUCT** is designed to ensure the safety and well-being of all participants on the Camp Costa Rica program. Please read it carefully and indicate your readiness to abide by all its provisions by signing it where indicated. If you are under age 18, **your parent(s)/guardian(s) must also sign on the line provided.** Please note that you **will not** be permitted to leave on the ETG program unless the **CODE OF CONDUCT** has been received by the ETG office.

**HEALTH AND SAFETY - BETWEEN PARENT/GUARDIAN, PROGRAM PARTICIPANT AND ETG:** ETG has spent much time and effort evolving what we believe to be the most appropriate policies to insure the health and safety of each individual participating in our programs. We expect and understand that as with all recreation/travel programs, young people may "act up" as teenagers do with the expected consequences. However, there are prescribed limits of personal behavior. This behavior code will be strictly enforced. Although it is a rare happening, individuals have been expelled from the program. Such expulsion is at the sole discretion of the ETG Directors. Should a youngster be expelled from the program, understand that there is absolutely no refund of any monies paid and any expenses which may result from expenditures incurred in the process of separating the child from the program are due and payable. Disciplinary action is not arbitrary and an attempt is made to be progressive in our approach. However, specific activities such as, but not limited to the possession or use of drugs or alcohol, unexcused absence from the program, violation of curfew, acts threatening to other participants, destruction of property and theft are considered dangerous enough to warrant expulsion. Every effort is made to avoid this extreme action.

**Please discuss the above and the accompanying CODE OF CONDUCT with your son/daughter. Please be certain that all participants understand its contents and seriousness.**

**PLEASE KEEP THIS PAGE WITH YOUR RECORDS.**



**THE FOLLOWING RULES CONCERN YOUR RESPONSIBILITY TO THE GROUP AND TO YOUR GROUP LEADERS:**

- \*Full cooperation with your group leaders is mandatory, and you are expected to treat them respectfully at all times.
- \*Curfews are to be scrupulously observed, as is promptness at all activities.
- \*Property and privacy of others must be respected under all circumstances.
- \*You may not absent yourself from any part of the program or leave the location of the program without the consent of your group leaders.
- \*You may not invite guests to join you for any part of the program without advance permission of your group leaders.

**THE FOLLOWING ACTIVITIES ARE STRICTLY PROHIBITED:**

- \*Drinking and/or possession of alcoholic beverages.
- \*Use and/or possession of any illegal substance. Participants may not distribute prescription medicines to any other participant.
- \*Behaviors deemed damaging to the Torah environment of the Camp.
- \*Vandalism, disturbing the peace or other inappropriate behavior (any damages incurred will be paid for by the person(s) responsible).
- \*Hitchhiking.
- \*Driving any vehicle, including a tractor.
- \*Entering an area which has been designated "off limits".
- \*Smoking, consuming or distributing tobacco products.
- \*Possession of knives (including pocket knives) firearms or any item that could be used or construed as a weapon.
- \*Any behavior that threatens or harms another individual.

I HAVE READ THE ABOVE REGULATIONS AND RESPONSIBILITIES AND AGREE TO ABIDE BY THEM. I UNDERSTAND THAT ANY VIOLATIONS OF THE ABOVE **CODE OF CONDUCT** WILL BE DEALT WITH BY THE GROUP LEADERS AND/OR THE KE DIRECTORS AND COULD EVEN RESULT IN MY BEING SENT HOME. I UNDERSTAND THAT ANY DECISION REGARDING MY POSSIBLE EXPULSION FROM THE PROGRAM IS AT THE SOLE DISCRETION OF THE CAMP DIRECTOR OR THE DIRECTORS OF KE.

\_\_\_\_\_  
Participant's Signature Date

\_\_\_\_\_  
Participant's Name (Please Print)

(If Participant is under age 18)

I (WE) HAVE READ THE ABOVE **CODE OF CONDUCT** AND AGREE WITH ITS PROVISIONS.

\_\_\_\_\_  
Parent(s)/Guardian(s) Signature Date

**RETURN THIS PAGE TO: KE 6013 W Olympic Blvd STE A Los Angeles, CA 90036 or  
Fax this contract to 770-234-5170  
(KEEP A COPY!)**

## RELEASE LETTER

Dear Student and Parent/Guardian:

PLEASE READ THIS LETTER WITH EXTREME CARE! It relates to the program in which you or your child are enrolled. Your enrollment is subject to the terms and conditions contained in this letter. After reviewing these terms and conditions, you and your parents (guardians) must sign this letter and return it to us.

### TERMS AND CONDITIONS

You understand that:

1. If you leave the program at any time, or if you choose to refrain from participating in any part of the program, or, if sickness or an accident makes it imperative that you withdraw from the program, refund or partial adjustment of fees will be made only at the discretion of KE, taking into account the availability of refunds to KE on your behalf.
2. The policy of KE prohibits the possession, use, sale or transmission of any illegal substance. You understand that any student who possesses, uses, sells, or transmits any drug or narcotic is subject to **IMMEDIATE DISMISSAL FROM THE PROGRAM WITH NO REFUND.**
3. Comprehensive insurance coverage can only be guaranteed through arrangements which you make with your personal insurance agent prior to departure. **We urge you to pay special attention to your insurance coverage, including health, accident and liability insurance coverage.** Protect yourself against the unexpected.
4. KE shall have no liability for any loss or damage to your property or for any injury, damage, loss or expense resulting from any illness or accident. The sole exception to this provision will be limited medical coverage mentioned in paragraph #3 above.
5. Please sign and return this release letter to KE. If the participating student is under 21 years of age, his/her parent/guardian must sign on the lines provided below the student's signature to evidence their acceptance of, and agreement to, the terms of this letter. If parents are divorced, the parent who has custody of the student must sign.

This release letter may not be modified in any way except in writing and signed by an authorized staff member of Kosher Expeditions.

Page 1 of 2

**PLEASE KEEP THIS PAGE WITH YOUR RECORDS!  
RETURN PAGE 2 (AUTHORIZATION) TO ETG OFFICE.**

## AUTHORIZATION

The undersigned hereby authorizes Kosher Expeditions and Camp Naim (acting through its employees, agents, and representatives) to act on my behalf, in loco parentis, for my son/daughter/ward during the KE Travel Program and agrees that he/she may leave the group from time to time without adult supervision, and for reasonable periods, at the discretion of KE.

If it becomes necessary to make any changes in the itinerary to ensure the health or safety of my child, or other members of the group, I agree to bear the additional expenses for my son/daughter/ward.

My child has reviewed the terms of participation in the program and has agreed to abide by these terms. I understand that KE reserves the right to require the withdrawal of any student whose continuation is not in the best interest of the program. I understand that if this is necessary, there can be no refund of fees for the remainder of the program.

### STATEMENT OF ACCEPTANCE OF, AND AGREEMENT TO COMPLY WITH THE TERMS AND CONDITIONS OF ETG TRAVEL PROGRAMS

We hereby affirm that we have read the TERMS AND CONDITIONS set forth in this release letter, and that we will be bound by these TERMS AND CONDITIONS, and we hereby release Kosher Expeditions and Camp Naim, its employees, agents, and representatives, from any and all liability except as expressly reserved in paragraph #3 with respect to limited medical services.

DATE: \_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Participant's Address

\_\_\_\_\_  
Parent/Guardian's Signature Parent/Guardian's Address

\_\_\_\_\_  
Parent/Guardian's Signature Parent/Guardian's Address

**PARTICIPANT'S NAME** (please print): \_\_\_\_\_

**RETURN THIS PAGE TO:**  
**Kosher Expeditions 6013 W Olympic Blvd, STE A, Los Angeles CA 90036 or**  
**Fax this contract to 770-234-5170**  
**(KEEP A COPY!)**