



Completion of this form is a requirement of travel (one per passenger) and in addition to any form requested by your tour operator. Please complete and sign this passenger information form (BOTH SIDES); Form must be returned no later than three months prior to departure.

Trip Name: _____
Name on Passport: _____
Preferred Name: _____
Birthdate: _____
Address: _____
Email: _____
Home Phone: _____
Work/Cell Phone: _____
Emergency Contact (Someone NOT traveling with you): _____
Relationship: _____
Phone (s): _____
Email: _____

Travel Insurance Information

I understand travel insurance is optional, but highly recommended. I also understand that travel insurance must be applied for and is separate from my trip reservation. If I decline to purchase insurance, I agree to release, indemnify and hold harmless the University (trustees, employees, representatives, agents) from all liability or responsibility for any claims, loss or damage that would have been covered by travel insurance.

Please initial those that apply:

___ I/We have purchased Travel Insurance Select
___ I/We have purchased a travel insurance policy through another company:
___ I/We have supplemental insurance that provides coverage outside the U.S. for: [] medical expenses [] medical evacuation
___ I/We have opted not to purchase any travel insurance

Signature

Date

Getting to Know You

In order for fellow Trojan Travelers to get to know each other, the following information may be distributed either before departure or during your trip. Your participation in this section is optional.

Current/Former Occupations:

USC (or Other School), Degree(s), Graduation year and Academic Focus:

Are you celebrating a special event during this trip? If so, please describe:

What are your special interests/activities/organizations?



Special Needs and Request for Accommodations

To enjoy this trip, passengers should be in good physical and mental health. Walking on uneven surfaces, climbing stairs without handrails and standing for extended periods of time should be expected. Travelers requiring assistance must be accompanied on their journey as many countries do not offer the same level of assistance for persons with disabilities as found in the U.S.

The tour operator reserves the right to decline to accept or retain any person as a member of the group should such a person’s health, acting, or general deportment impede the operation of the trip or the rights, welfare, or enjoyment of other members of the group. The tour operator will provide more detailed information regarding the level of activity as well as any vaccinations that may be required to participate in this tour.

Please complete the form below if you have any special needs or have a disability and request special accommodations (this includes CPAP machines, canes, medication that needs refrigeration) . Please note that, while we will do our best to ensure that your travel is as comfortable as possible, we cannot guarantee that all of your special needs or accommodation requests will be met.

Allergies/Dietary Needs: _____

Medical problems and mobility issues: _____

Flight Notice

Passengers who choose to make their own airline reservations independently will be wholly responsible for any airline fee or penalties incurred as a result of program cancellation and/or change in travel dates, or airline schedule(s).

Participant Agreement

I have read and agree to the terms, conditions and release of liability information as referenced above and in the brochure copy.

Signature

Date

Photo/Video Release: The USC Alumni Association has my permission to use any photographs taken of me during this program for travel promotion and in Association publications.

Signature

Date

Please email completed form to Trojan.Travel@usc.edu OR

Mail to Trojan Travel c/o USCAA, 3607 Trousdale Pkwy., TCC 305, Los Angeles, CA 90089-3106