



POST-TOUR TRAVEL APPLICATION REQUEST FOR TRAVEL EXCEPTION

Post-Tour travel is discouraged. Approval for post-tour travel is not automatic, and will depend on several factors. A bona fide reason must be given. This form must be completed entirely and submitted to Performing Arts Management in order to be considered. **Deadline: January 15th**

Brigham Young University recognizes that students who participate in University-sponsored international programs may have an interest in additional personal travel opportunities before or after their BYU academic or performance program. Students (and their families) must also recognize that BYU has no responsibility for the safety and security of students outside the start and finish dates of the formal BYU program. BYU also recognizes that safe personal travel is enhanced by an awareness of health, security, legal, and cultural requirements and customs. Consequently, BYU takes the following position:

- BYU will regularly provide a list of countries where it considers the health/safety/security circumstances to be such that the only way students may travel to a country on that list is to have the student released directly to parents. A form and process that requires student and parent signatures facilitates this option and is available in the Performing Arts Management office.
- BYU will regularly provide an additional list of countries where only portions of the country have health/safety/security circumstances that will allow student travel with completion of an Acknowledgement and Release form that is included in this form or available in the PAM Office.
- Students may request personal travel in all other countries not listed as described above on the condition of the completion of the Acknowledgement and Release Form that is included in this form or available in the PAM Office.

Full Name: _____ Age: _____ Date: _____

Local Address: _____

Cell Phone: _____ Email: _____

BYU Performing Group: _____

Tour Destination: _____ Tour Dates: _____

Purpose for request: To travel with parents or spouse

Name of parents or spouse: _____

Cell Phone: _____ Email: _____

To further educational or occupational objectives (*please clearly explain how post-tour travel will specifically assist your educational pursuits*):

Objectives of Post-tour Travel: _____

Post-Tour Travel Requirements. Please read and complete the following:

1. Where I want to travel to: _____

Previous travel and language expertise in the travel destination. _____

2. I have checked if the country I want to travel to on the University Travel Restrictions List.

Go to: travelsmart.byu.edu>travel policy>travel restrictions list.

No, the country I want to travel to is **NOT** on the University Travel Restrictions List.

Yes, the country I want to travel to **IS** on the University Travel Restrictions list. I understand if my request is approved, I must be released directly to my parent/guardian.

3. I will be responsible to pay a *minimum* \$600.00 travel charge to cover the cost of sending my share of the group's equipment home from tour without me.

4. I agree to pay the difference in airfare for my itinerary deviation from the group.

I have investigated the airfares involved for my requested itinerary.

Estimated difference in airfare: \$ _____

5. Outline of my proposed itinerary from the point of separation from the group to my return to Salt Lake City. (List lodging, hosts, cities, and dates. Show how you will travel between cities.):

6. The flight that works best for my departure to begin post-tour travel is:

Flight Number: _____
Date: _____
Time: _____
Departure City: _____

7. The flight that works best for my return to the United States (using the same carrier used by my performing group for tour) is:

Flight Number: _____
Date: _____
Time: _____
Departure City: _____

8. I agree to cover all other costs associated with my post-tour travel, including:

- a. Lodging
- b. Meals
- c. Ground Transportation
- d. Misc. and Emergency Needs

9. I agree to pay all extra costs affecting BYU because of this post-tour travel. I understand this must be paid to Performing Arts Management prior to the tour. These shall include, but are not limited to, increased airfare due to the schedule change, additional baggage and equipment charges.

10. I accept responsibility to arrange for the return of my BYU blazer/BYU duffle bag, and for any other group related obligations imposed at the end of a tour.

ACKNOWLEDGEMENT AND RELEASE

I, _____, will be attending the _____
NAME (PLEASE PRINT) PROGRAM NAME AND LOCATION
(the "Program") of Brigham Young University from _____ to _____.
DATE DATE

Before the Program begins or after it ends, I intend to travel to:
_____ (the "Personal Travel").
LOCATION(S) OF PERSONAL TRAVEL

I understand and acknowledge that the Personal Travel to and from the Program is not part of the Program and that Brigham Young University will not have responsibility for any aspect of the Personal Travel.

I further acknowledge and represent the following:

INITIALS I am aware of the United States Department of State travel advisories for the location(s) of Personal Travel and of the Smart Traveler Enrollment Program (STEP), available at <https://step.state.gov>, that allows me to receive security messages from the U.S. embassy or consulate nearest the location(s) of my Personal Travel.

INITIALS I am aware of the United States Centers for Disease Control and Prevention (CDC) recommendations for the location(s) of Personal Travel.

INITIALS I am aware of the legal requirements related to my planned stay and activities in the location(s) of Personal Travel, including, but not limited to, legal requirements related to employment, business, and tourism, as applicable.

INITIALS I am aware of cultural and societal norms in the location(s) of Personal Travel that may influence local or other perceptions of my language, dress, and conduct while there.

INITIALS I understand that I should not impose a burden on local members of The Church of Jesus Christ of Latter-day Saints in the locations of my Personal Travel.

INITIALS I understand that during the Personal Travel I will not be covered by the travel insurance Brigham Young University has obtained for the Program, and I understand and agree that I am responsible for my own insurance needs during the Personal Travel.

INITIALS I acknowledge that Brigham Young University recommends that I inform my immediate family (e.g., spouse, parents, legal guardian) of the Personal Travel and the terms of this Acknowledgement and Release.

INITIALS I understand and acknowledge that as a Brigham Young University student I am to continue to abide by the Church Educational System Honor Code while participating in the Personal Travel.

I agree to assume all risks and responsibility for any and all damages that may arise from my participation in the Personal Travel. I further agree to indemnify and hold harmless Brigham Young University, and its employees, agents, officers, trustees, representatives, and affiliates, from any loss, liability, damages, or costs, including court costs and attorney fees, that may arise due to my participation in the Personal Travel. Furthermore, I, both individually and on behalf of my heirs, successors, assigns, and personal representatives, hereby release, acquit, and forever discharge Brigham Young University, and its employees, agents, officers, trustees, representatives, and affiliates, from any and all liability whatsoever for any and all damages, losses, or injuries, including but not limited to personal injury, death, medical expenses, disability, lost wages, loss of earning capacity, and any other damages to person or property, that may be suffered by me or any other person in connection with the Personal Travel.

I understand that this Acknowledgement and Release is intended to be as broad and inclusive as permitted by law, and if any portion is held to be invalid, I agree that the balance shall continue in full legal force and effect. I have carefully read this Acknowledgement and Release, I understand it, and I knowingly and voluntarily sign it.

STUDENT APPLICANT:

 Student Signature Date

 Student printed name

Address
 Street _____
 City _____
 State/Zip _____

PARENT OR GUARDIAN *(if student is under 21)*:

 Parent or Guardian Signature Date

 Parent or Guardian printed name

Address
 Street _____
 City _____
 State/Zip _____

ARTISTIC DIRECTOR AND DEPARTMENT CHAIR:

I hereby give my recommendation for this post-tour travel request, agreeing that the purpose is legitimate and worthwhile:

 Artistic Director Date
 Signature

 Department Chairman Date
 of Performance Group
 Signature

Applicant: This form must be completed entirely and submitted to Performing Arts Management, 306 Hinckley Center, BYU, no later than January 15, for evaluation and final approval.

Performing Arts Management office use only: Approved: _____ Denied: _____ Date: _____
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