University of Illinois

INTENT TO DIVERT FROM GROUP PLANS

As a participant in a group study experience, you are required to complete this form and obtain the group leader’s signature any time you divert from the group’s planned itinerary. The purpose of this form is only to inform the group leader(s) of your destination, itinerary and contact names/numbers, and to remind you of the importance of taking personal responsibility for your safety at all times. The group leader has the right to refuse to allow you to divert from the group plan.

Please carry proper identification and the name, address and telephone number of the current hotel and future hotels with you at all times. This should be written in the language of the area where you are staying if you are not proficient in the language. You are responsible for your safety and for returning to the group at the time you have indicated. You are asked to confirm the feasibility of your travel plans with your local contacts, to use the buddy system when going out, to inform the group leader of any change in plans, and to rejoin the group at the next destination at your own expense should you be delayed.

Name: __________________________________________________________

Destination, Travel Plans (Please indicate how you plan to travel.):

________________________________________________________________
________________________________________________________________
________________________________________________________________

Contact Information (How you can be reached.):

________________________________________________________________
________________________________________________________________

Departure Date: _______________  Estimate Departure Time: _______________ am/pm

Return Date: _______________  Estimate Return Time: _______________ am/pm

“I have informed the group leader(s) of my intention to depart from the group. I acknowledge that I am voluntarily departing from the group itinerary, and I take full responsibility for my safety and for returning to the group, or to my home country. I also understand that I will receive no refund of expenses or funds paid to the University of Illinois, Urbana-Champaign or any other travel provider because of my choice to divert from group plans.”

Signature of Traveler: __________________________________________ Date: _______________

Signature of Group Leader: ____________________________________ Date: _______________