

**ISSO DAY TRIP TO THE WOODBURY COMMON PREMIUM OUTLETS,
TUESDAY, NOVEMBER 4TH**

9:30 a.m. departure from the Main Gate at Broadway and 116th St.

6:00 pm. Leave Woodbury Common. Travel time approximately one hour

\$25 in advance to the ISSO for roundtrip transportation.

Minimum of 40 participants required.

Registration deadline is Friday, October 31st as long as seats on the bus are still available.

Travel by comfortable deluxe coach with plenty of cargo space and enjoy the savings offered at 220 outlet stores. Woodbury Common is located about an hour north of NYC. It is not an enclosed shopping mall, but rather a small village of shops. Check out the list of stores and map in advance to maximize your time there.

<http://www.premiumoutlets.com/outlets/outlet.asp?id=7>

Tickets go on sale on Friday, September 26th. On September 26th only, sign up and payment for this trip will take place on-campus in Room 318 Hamilton Hall, from 10 a.m. to 4 p.m. From September 29th onward, payment and registration is at the ISSO, 524 Riverside Drive.

ISSO Road Scholars
RELEASE AND INDEMNIFICATION AGREEMENT

DATE: _____

I, _____

(Name of Participant)

In consideration of my participation in the program sponsored by the *Columbia University, International Students and Scholars Office*, titled: **Day Trip to Woodbury Common Outlets in Central Valley, NY**, which will take place on **Tuesday, November 4th, 2008 beginning at 9:30 a.m.** and ending later the same day *by approximately 7:00 p.m.* do hereby, along with my administrators, executors, heirs, assigns, release and forever discharge Columbia University and its trustees, officers, agents, and employees (collectively the "University") and the *International Students and Scholars Office* including individual members, from any claims, demands, actions, and causes of action of every name and nature I now have or may ever have arising out of my participation in this program, and travel to and from the program.

I understand that the University gives no assurances or warranties whatsoever as to the safety of participants in this program.

I further acknowledge that I am aware of the risks to me of injury, property damage or loss, or even death entailed in my participation in this program. I do fully and completely assume all risks solely to myself, and accept full responsibility for my individual physical fitness to participate in the program.

I, along with my administrators, executors, heirs, and assigns, further agree to indemnify and hold the Trustees of Columbia University, its employees, and the *International Students and Scholars Office* including its individual members, harmless from all expenses, losses, claims, causes of action or damages arising out of my participation in this program, and related travel including any attorney's fees and court costs arising from the same.

In case of accident or due to serious illness or injury I hereby authorize Columbia University and its representatives to contact the person(s) listed below:

1) Name _____ Telephone Number (____) _____

2) Name _____ Telephone Number (____) _____

According to the best of my knowledge the aforementioned information is correct and true and I realize any incorrect or erroneous information provided is my responsibility. I have read and understand this document and am signing it of my own free will in order to gain permission to participate in the program.

(Name of Participant)

(Columbia UNI)

(Participant's Signature)

(Date)

(Local Address)

(____) _____
Telephone Number)

(Parent/Legal guardian signature if participant is under 18 years of age)

(Date)

Payment Authorization for ISSO Road Scholars Bus Trip

This is to authorize the International Students and Scholars Office (ISSO) to charge my credit card in payment for my participation in the following ISSO Road Scholars bus trip:

\$25 per person

Tuesday, November 4, 2008

Date of trip

Woodbury Common day trip

Destination

Number of participants being charged for trip

Total amount due

I have given the ISSO verbal authorization to charge my credit card for the above amount. Yes No

Credit Card Information:

Visa

MasterCard

Columbia University accepts credit card payments with Visa or MasterCard only.

Name(s) of Student / Scholar/ family member(s)

Name of Cardholder

Card number (Do not complete if provided verbally.)

Expiration date (mm/yy)

Signature

Today's Date

Please bring or fax (212-854-3966) to the ISSO. Do not send credit card information by email.