



Alliance Française

Seattle

## **IMMERSION TRIPS TO FRANCE WITH DOMAINE DES FLORINES**

### **Policies & Waivers**

**Updated February 6, 2024**

#### **I. Cancellation policies**

Cancellation by Domaine des Florines: full reimbursement.

Cancellation by participants:

- Until one (1) month prior to departure, at noon (12pm) Pacific Time (PST): the trip is reimbursed.
- Less than one (1) month prior to departure, with no documented cause or in case of no-shows: no reimbursement.
- Up to 2 hours prior to flight departure, for documented illness or other documented emergencies: full reimbursement. (COVID-19 symptoms can be documented with a medical virtual appointment report or a COVID-19 test).

#### **II. Waivers**

The following COVID-19 general policies also apply:

### **COVID-19 SAFETY INFORMATION**

While participating in in-person events, classes, face-to-face activities (the "Activity"), held or sponsored by AFSeattle, Domaine des Florines, BleuJet, BleuJet USA, SCI Somerset or any related entities (the "Organizer") consistent with CDC guidelines and French Public Health authorities, participants are encouraged to practice hand hygiene and self-monitor for any illness signs, to reduce the risks of exposure to COVID-19. Because COVID-19 is extremely contagious and is spread mainly from person-to-person contact, the Organizer has put in place preventative measures to reduce the spread of COVID-19. However, the Organizer cannot guarantee that its students, volunteers, partners, or others in attendance will not become infected with COVID-19.

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By attending the Organizer's in-person Activity, you certify that you do not fall into the following category:

Individuals who, within fourteen (14) days of arrival, believe that they may have been exposed to a confirmed or suspected case of COVID-19 or have been diagnosed with COVID-19 and are not yet cleared as non-contagious by state or local public health authorities or the health care team responsible for their treatment.

### **DUTY TO SELF-MONITOR**

Students, volunteers, partners, or others in attendance agree to self-monitor for signs and symptoms of COVID-19 (symptoms typically include fever, cough, and shortness of breath; check the CDC full list of symptoms here) and contact the Organizer at [managementflorines@hotmail.com](mailto:managementflorines@hotmail.com) if they experience symptoms of COVID-19 within fourteen (14) days after attending a class or an activity.

### **LIABILITY WAIVER AND RELEASE OF CLAIMS**

I acknowledge that I derive personal satisfaction and a benefit by virtue of my participation and/or voluntarism with the Organizer, and I willingly engage in the Organizer in-person Activity.

### **RELEASE AND WAIVER**

I HEREBY RELEASE, WAIVE, AND FOREVER DISCHARGE ANY AND ALL LIABILITY, CLAIMS, AND DEMANDS OF WHATEVER KIND OR NATURE AGAINST THE ORGANIZER AND ITS AFFILIATED PARTNERS AND SPONSORS, INCLUDING IN EACH CASE, WITHOUT LIMITATION, THEIR DIRECTORS, OFFICERS, EMPLOYEES, CONTRACTORS, VOLUNTEERS, AND AGENTS (THE "RELEASED PARTIES"), EITHER IN LAW OR IN EQUITY, TO THE FULLEST EXTENT PERMISSIBLE BY LAW, INCLUDING BUT NOT LIMITED TO DAMAGES OR LOSSES CAUSED BY THE NEGLIGENCE, FAULT OR CONDUCT OF ANY KIND ON THE PART OF THE RELEASED PARTIES, INCLUDING BUT NOT LIMITED TO DEATH, BODILY INJURY, ILLNESS, ECONOMIC LOSS OR OUTOF-POCKET EXPENSES, OR LOSS OR DAMAGE TO PROPERTY, WHICH I, MY HEIRS, ASSIGNEES, NEXT OF KIN AND/OR LEGALLY APPOINTED OR DESIGNATED REPRESENTATIVES, MAY HAVE OR WHICH MAY HEREAFTER ACCRUE ON MY BEHALF, WHICH ARISE OR MAY HEREAFTER ARISE FROM MY PARTICIPATION WITH THE ACTIVITY.

## **ASSUMPTION OF THE RISKS**

I acknowledge and understand the following:

- Participation includes possible exposure to and illness from infectious diseases including but not limited to COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist.
- I knowingly and freely assume all such risks related to illness and infectious diseases, such as COVID-19, even if arising from the negligence or fault of the Released Parties; and
- I hereby knowingly assume the risk of injury, harm and loss associated with the Activity, including any injury, harm and loss caused by the negligence, fault or conduct of any kind on the part of the Released Parties.

## **MEDICAL ACKNOWLEDGMENT AND RELEASE**

I acknowledge the health risks associated with the Activity, including but not limited to transient dizziness, lightheaded, fainting, nausea, muscle cramping, musculoskeletal injury, joint pains, sprains and strains, heart attack, stroke, or sudden death. I agree that if I experience any of these or any other symptoms during the Activity, I will discontinue my participation immediately and seek appropriate medical attention.

I DO HEREBY RELEASE AND FOREVER DISCHARGE THE RELEASED PARTIES FROM ANY CLAIM WHATSOEVER THAT ARISES OR MAY HEREAFTER ARISE ON ACCOUNT OF ANY FIRST AID, TREATMENT, OR SERVICE RENDERED IN CONNECTION WITH MY PARTICIPATION IN THE ACTIVITY. As a participant, you recognize that your participation, involvement and/or attendance at any of the Organizer Activity is voluntary and may result in personal injury (including death) and/or property damage. By attending, observing, or participating in the Activity, you acknowledge and assume all risks and dangers associated with your participation and/or attendance at the Activity, BY ATTENDING AND/OR PARTICIPATING IN THE ACTIVITY, YOU ARE DEEMED TO HAVE GIVEN A FULL RELEASE OF LIABILITY TO THE RELEASED PARTIES TO THE FULLEST EXTENT PERMITTED BY LAW.