UNIVERSITY OF SOUTH CAROLINA ALTERNATIVE BREAK
LEADERSHIP AND SERVICE CENTER
PARTICIPANT AGREEMENT FORM

As a 2014-2015 Alternative Break participant, I, __________________________, agree to the following:

1. AB is a 4-7 day long service trip during fall/winter/spring break (October 22-25, 2014/ December 15-20, 2014/ March 7-14, 2015) which requires my full participation in group activities and service-learning experiences each day during the trip.

2. I understand that I am expected to participate in team meetings and group activities prior to the trip. I will make every possible effort to support my team members by attending additional AB events.

3. The AB program is completely alcohol- and drug-free. I understand this includes the trip as well as all official AB events before and after the trip (ex: fundraising, Kickoff and the Reunion, team meetings, etc.). I understand there are several reasons for this policy, namely: (1) not all group participants may be of legal drinking age, and alcohol consumption for those members would be illegal; (2) drug use is illegal; (3) I am traveling as a representative of the University of South Carolina in the community in which we will be serving, and (4) drug or alcohol use could hinder my performance on or at the project site, either during or after consumption.

4. AB is based upon mutual respect between group members (participants, trip leaders, and staff/faculty advisors included). I will treat each person on the trip with respect, and will communicate any displeasure/complaints in a non-confrontational manner, in order to work out any differences. In return, I can expect the respect and honesty of other participants toward me.

5. I understand that I am obligated to pay the full amount for my trip.

6. All relevant paperwork (AB Contract and AB liability waiver) must be completed for full participation.

7. A first payment due upon selection and the rest of the cost of the trip will be due no later than a week prior to departure. Any outstanding debt will be charged to my student account if my trip is not paid in full. I understand that there is a late fee of $15 if my payments are not in on time. I understand that no refunds are given for any reason and that I will still be responsible for the full cost of my trip if I withdraw.

8. If someone other than myself (i.e. a parent or guardian) will contribute financially towards my trip, I have spoken with them prior to the submission of this agreement. They are fully aware of my financial obligation.

If I do not comply with these conditions I am aware it can result in my return home at my own expense. Any exceptions to the conditions stated above will be explained on the reverse side of this sheet, and must be agreed to by the trip leaders of my trip and the coordinator of AB.

____________________________________  ____________________________
Participant Signature                  Date

____________________________________  ____________________________
Leadership Coach Signature            Date