



**California State Chapter - Cottery College Travel Fund  
APPLICATION (Part 2 – Page 1 of 2)**

**Completed by Student and Parent/Guardian**

**Requirement**

- Student is at least 16 years of age and in 10<sup>th</sup>, 11<sup>th</sup> or 12<sup>th</sup> grade, or a high school graduate.
- Student is a resident of California
- Student or parent/guardian must sign a release form to be submitted with this application.
- Travel arrangements are to be made by the student or her parent/guardian or accompanying adult.
- Visit must be verified by Cottery College Admissions Office.

**Expenses and Reimbursement**

- Eligible expenses are those incurred by the student for air and/or ground transportation, housing not covered by Cottery College, and event registration (meals not included). Eligible expenses incurred by parent/guardian/accompanying adult are limited to air/ground transportation and housing. Student and parent/guardian entertainment expenses and meals are not eligible for reimbursement.
- Only one travel reimbursement permitted per student.
- Reimbursement request and related receipts must be submitted to the California Cottery Committee within 45 days of the completion of visit.

**As a serious, prospective student of Cottery College, I request to be considered for travel reimbursement for my campus visit. I understand that reimbursement of my travel expenses is limited to the amount pre-authorized by California P.E.O. (and not to exceed \$1000) and is contingent upon proof of my visit as verified by the Cottery College Admissions Office.**

Student signature: \_\_\_\_\_ Date:- \_\_\_\_\_

Print Name of Student: \_\_\_\_\_

**If Student Is A Minor, Please Complete The Following:**

Parent/Guardian Name: \_\_\_\_\_

Address/City/Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Alternate Telephone #: \_\_\_\_\_

Email address: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



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**Accompanying Adult**

As the accompanying adult for \_\_\_\_\_, a prospective student of Cottey College, I request to be considered for travel reimbursement during this visit. I understand that reimbursement of my transportation and housing expenses is limited to the amount pre-authorized by California P.E.O. (and not to exceed \$1000) and is contingent upon proof of my visit as verified by the Cottey College Admissions Office.

\_\_\_\_ I am the parent of the prospective student.

\_\_\_\_. I am not the parent of the prospective student.

Name: \_\_\_\_\_

Address/City/Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Alternate Telephone #: \_\_\_\_\_

Email address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

***To plan a visit:***

**Log on to: [Cottey College Visit](#)**

**Call: 1-888-5-COTTEY (1-888-526-8839)**

**Email: [enrollmgt@cottey.edu](mailto:enrollmgt@cottey.edu)**



California State Chapter - Cotney College Travel Fund  
APPLICATION (Part 3)

Accident Waiver and Release of Liability

Completed by Student and Accompanying Adult

Date(s) of the Activity or Event: \_\_\_\_\_

I, \_\_\_\_\_ ("Participant") hereby assume all of the risks of participating and/or volunteering in this activity or event, and waive, release and forever discharge Cotney College, the California State Chapter P.E.O., the International Chapter of the P.E.O. Sisterhood and their board members, officers, employees, volunteers, agents, representatives or assigns, and the activity or event sponsors, from any and all claims, demands, and causes of action of whatever kind or nature, including but not limited to, claims arising from the negligence or fault of the entities or persons released for my personal injury, disability, death, property damage, property theft, or actions of any kind which may arise as a result of my participation in the above-named activity at Cotney College or during the travel to or from Cotney College. I agree to indemnify and hold harmless, and promise not to sue, the entities and/or persons mentioned above from all liabilities or claims arising out of my participation in this activity or event, whether caused by the negligence of those released or otherwise. This Accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

**I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.**

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Student: \_\_\_\_\_

Accompanying Adult signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Adult: \_\_\_\_\_

**PARENT/GUARDIAN WAIVER FOR MINORS** (Under 18 years old)

The undersigned parent or guardian hereby represents that he/she is, in fact, acting in such capacity, has consented to his/her child or ward's participation in the activity or event, and has agreed individually and on behalf of the child or ward, to the terms of the Accident Waiver and Release of Liability set forth above. The undersigned parent or guardian further agrees to hold harmless and indemnify each and all of the parties referred to above from any and all liability, loss, cost, claim, or damage whatsoever that may arise from the Participant's participation in the above-named activity at Cotney College and/or during the travel to and from Cotney College.

Signature of Parent or Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Parent or Guardian \_\_\_\_\_