2027 Counselor Tour Registration Form
March 30 - April 2, 2027

Please complete this entire registration form including the liability waiver (Page 4) and the photo consent form (Page 5) and either:

- **Mail completed forms along with check made payable to CICV to 108 N. 8th St., Richmond, VA 23219; or,**
- **Email completed forms to deb@cicv.org and submit payment online at https:www.cicv.org/**
- **Register Me For (Check the box):**

☐ **$350.00 Single Accommodations ($362.25 online)***

$80.00 Shared Accommodations ($85.00 online)*

☐ *(CICV charges a modest fee to pay electronically.)*

No refunds will be issued to those who cancel after February 12, 2027.

Counselors are responsible for all travel expenses to and from the start/end location of the tour which is the Ballston Campus of Marymount University.

CICV will contact you by email to confirm your attendance on the tour.

Please complete the following 5 page form and return to deb@cicv.org or mail with your check.

Name: _____ Sex: ☐ M ☐ F

Age:_____ *(Not required, but this information can be helpful in assigning roommates.)*

Position/Title: _____

Name of School/Organization: _____

School/Organization Address: _____

_____

Home Address: _____

_____

Cell Phone: _____ Work Phone: _____

Work Email: _____

Home Email: _____

Years in Profession: _____If you are an independent counselor, please list the professional organizations of which you are a member:_____

_____

Have you previously participated in a CICV Tour? _____ If yes, when? _____

***EXPECTATIONS*: By registering for this tour, you agree to participate in all seven (7) campus tours even if you have visited a campus previously.**

***TRAVEL*:**
Please do not make travel reservations before receiving confirmation from CICV that you are registered for the tour.

You must arrive and depart at times that will accommodate the tour schedule. The 2027 tour will begin at the Ballston Campus of Marymount with an evening reception beginning at 6:00 pm on Tuesday, March 30, 2027. If you are travelling by air, the primary airports are Ronald Reagan Washington National Airport (Arlington, VA) and Dulles International Airport (Dulles, VA). The Marymount Ballston campus is accessible to the Metro. Amtrak services Washington, D.C. For those who are driving, parking for the duration of the tour will be available at the Ballston Campus parking garage.

***ACCOMMODATIONS*:**
Tour participants will be lodged at hotels along the tour route. Room assignments will be made for those who do not request a specific roommate on this form. **Single rooms are available for $270 in addition to the $80 registration fee. Space for shared accommodations is limited so if you would like to reserve a double room, it is best to register as soon as possible .**

☐ I would like to reserve a single room. **Total Fee: $350.00(check) $362.25 (credit card)**
☐ I would like to share accommodations. **Total Fee: $80 (check) $85.00 (credit card)**
☐ I already have a roommate: Name: _____
☐ Please arrange a roommate for me.

If you have any dietary restrictions, please list them here. CICV's tour schools will do their best to accommodate your dietary needs throughout the tour.

Please check your expected mode of transportation:

☐ Automobile
☐ Carpooling (riding with another participant or being dropped off)
☐ Airplane
☐ Unsure (Please provide your final travel information no later than February 27, 2027.)

Note: If you are carpooling and your primary driver becomes ill, or it is unavoidably necessary for them to leave the tour prior to its conclusion, you will be responsible for arranging transportation back to your home base.

Please list your emergency contact information below.

Name _____**Relationship**_____

Phone _____

Email _____

Please sign and return the following information:

Tour Registration Form including Waiver and Release of Liability and Photo Release Forms.

***Payment** (Please note that CICV charges a modest fee to pay electronically. To pay electronically, shared accommodation rate is $85.00 and single accommodation rate is $362.25).

Mail completed forms and check made payable to CICV to Council of Independent Colleges in Virginia (CICV), 108 N. 8th St., Richmond, VA 23219 or email completed forms to deb@cicv.org and visit https://www.cicv.org to pay electronically.

ALL FORMS AND PAYMENT MUST BE RECEIVED BEFORE YOUR TOUR REGISTRATION WILL BE PROCESSED. YOU WILL BE NOTIFIED BY EMAIL WHEN YOU ARE REGISTERED FOR THE TOUR.

Please direct any payment questions to Deb Thomas, Director of Administration and HR Services at deb@cicv.org or (540) 586.0606. Tour and logistic questions should be directed to Liz Bryant at liz@cicv.org 804-814-8261.

Waiver and Release of Liability

In consideration of being allowed to participate in the 2027 Guidance Counselor Tour ("Tour") sponsored by the Council of Independent Colleges in Virginia, Inc., ("CICV") the undersigned acknowledges, appreciates, and agrees that:

I knowingly agree to assume any and all risks known and unknown arising out of or incident to such participation.

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless the officers, agents, and/or employees of CICV and its member colleges from any and all claims, damages, losses, expenses or injuries including reasonable attorney fees incurred on behalf of CICV arising out of or incident of such participation in the Tour.

I hereby represent that I understand and am familiar with the nature of the activities in which I will be participating during the Tour; that I am in good physical health; and that I do not have any physical or emotional conditions past or present, of which I am aware which would in any way affect my ability to participate in this Tour.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT AND FULLY UNDERSTAND ITS TERMS.

Tour participant's name (please print):

_____

Signature

_____

Date

_____

Consent to use by CICV of
Photograph, Picture, Name, Comments, Testimonial, or Voice

I, _____, do hereby fully and freely consent to the use, by the Council of Independent Colleges in Virginia (CICV) and/or its agents and assigns, of my photograph, picture, name, comments, testimonial and/or promotion.

I also consent to the use and reuse thereof in their entirety and/or in composite with those of others, in CICV's advocacy on behalf of its member colleges and universities with the members of the Virginia General Assembly, their staffs and/or the media, and also on any television or radio station and/or in any publication by CICV at such time or times as CICV, its agents and assigns desire to use the same.

I do hereby release and hold harmless CICV, and/or its agents and assigns, from any liability with regard to the above stated purposes arising out of said participation. I hereby grant to CICV and/or its agents and assign the rights to use, and to license others to use, my photograph, picture, name, comments, testimonial and/or voice to advertise and publicize the interests of the member independent colleges and universities of CICV.

_____
Printed name of Participant

_____ _____
Signature Date