

# The Brouzils Seminars

Academic partner: FORT HAYS STATE UNIVERSITY | HAYS, KANSAS 67601 USA

Chateau le Ligny  
2 rue Georges Clémenceau  
85260 Les Brouzils  
FRANCE

## ADMISSION APPLICATION

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Instructions: Please print and complete this form, providing the details requested. Return the form to the French address above or by fax to this US number: 1.480.287.9458. Scans of this document may also be sent via email to [info@brouzils.org](mailto:info@brouzils.org). Please do not send this application to the address of the academic partner.

In addition, please attach (or send via email) a writing sample or a statement of your goals. The application fee necessary to reserve your workshop space is US\$400.00. You may pay by check or money order to the US address:

Brouzils Seminars LLC  
US Agent  
622 N. Locust St.  
Mankato, KS 66956 USA

Payment may also be made by PayPal in favor of the following email address:

[info@brouzils.org](mailto:info@brouzils.org)

If you would prefer a PayPal invoice be sent to you, check this space: \_\_\_\_\_

Refunds: Fees will be returned to applicants not accepted or if workshop space is filled.

NAME First/Last

\_\_\_\_\_

Date of application \_\_\_\_\_ Gender \_\_\_\_\_ M/F Graduate student? \_\_\_\_\_

Current institution (if applicable) \_\_\_\_\_

ADDRESS Street/City/State or Province/Postal code

EMAIL ADDRESS

HOME/WORK TELEPHONE (with code)

CITIZENSHIP and COUNTRY OF RESIDENCE

DATE OF BIRTH (dd/mm/yyyy) \_\_\_\_\_ PASSPORT No. \_\_\_\_\_

NAME and CONTACT NUMBER of nearest relative

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WORKSHOP(s)

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Workshop space is limited. Some workshops may be combined.

How do you plan on arriving in Les Brouzils?

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Do you require transport from the train station in l'Herbergement?

Y/ N \_\_\_\_\_ Arrival details: \_\_\_\_\_

An accommodation list will be sent to you. If this is not necessary, please check here \_\_\_\_  
And supply your local contact address and details:

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The Brouzils Seminars reserves the right to cancel any program or workshop at any time when deemed appropriate due to unforeseen circumstances. If this happens, all fees will be refunded in full.

**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT OR SURGERY**

We understand that because participants enrolled The Brouzils Seminars workshops sessions are away from their home countries for prolonged periods, occasions may arise when sickness or accident require routine or emergency medical or surgical treatment.

We further understand that a physician or medical or surgical treatment facility often will require that some adult person be in a position to give an authorization to render the medical or surgical service, and to give reliable assurance that payment for such services will be made.

Your signature on the last page of this application authorizes The Brouzils Seminars LLC and its agents and employees to obtain needed medical and surgical services on your behalf should you be unable to do so yourself.

You agree The Brouzils Seminars LLC will not be held liable for medical fees that may be arranged for by The Brouzils Seminars LLC or its representative.

**You therefore agree** to pay such fees and charges as may result from the provision of such medical and surgical services and to reimburse The Brouzils Seminars LLC, its agents and employees, for any fees or other expenses it or they might reasonably incur should it or they be required to pay any such fees or charges or other costs incidental to the providing of such services. You further agree that such reimbursement will be made within 72 hours of notification.

This authorization shall be effective during such time as the student is enrolled in The Brouzils Seminars.

You further agree that you have adequate valid insurance to cover your medical expenses, including dental, emergency, mental health and other treatment.

The Brouzils Seminars may take place in a location distant from your own home. There is risk of personal injury or damage to property associated with such programs. Please read the following statement. Your signature at the bottom of this application acknowledges your agreement to these and all other terms contained in this document.

As a condition of participating in The Brouzils Seminars I agree to the following:

**FINANCIAL RESPONSIBILITY**

I accept responsibility for paying any fees and tuitions, as stated in The Brouzils Seminars LLC public announcements and website, applicable for the workshops named in this application.

**RELEASE OF ALL CLAIMS**

In consideration of being granted the opportunity to participate in this activity and the use of services and facilities furnished by or made available by The Brouzils Seminars LLC as well as the help, assistance, and advisory services rendered by members of the faculty and employees of the Seminars, I do release and forever discharge for myself and my heirs, executors, administrators and assigns, all officers, fellow members, employees, and agents of The Brouzils Seminars LLC who arranged, advised or supervised the scheduling, travel, or any other function of this activity, from all claims, demands, actions, and causes of action for personal injury or any other damage now existing or which may arise out of or be in any way related to their negligence or other conduct associated with this activity.

I understand that if I should violate the laws and regulations of the Republic of France or any country visited as part of The Brouzils Seminars workshop programs, The Brouzils Seminars may not be held liable for such conduct and reserves the right (to be exercised by the Seminars Director or the administrative official responsible for the program) to terminate my participation in the program without remission of any unused portion of fees paid. I understand that if I should confront a legal problem, The Brouzils Seminars cannot officially represent me or my legal interests in dealing with a foreign legal system; nor can the The Brouzils Seminars assume any direct responsibility for the actions of any government or government agency or any civil authority.

Social Security Number (US residents and citizens only):

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I agree to the terms set forth in this application.

Signature:

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Name:

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(Please Print)