Acceptance form for the CAS course: "Advanced Accelerator Physics", 10 November – 22 November 2024, Spa, Belgium

Name:	
Institute:	
- I will participate in the 2024 CERN Accelerator School course on "Advanced Accelerator Physics".	
 I declare that the corresponding registration fee 3100 CHF (single room) will be paid to the CERN Accelerator School as soon as possible not later than the 4th of September 2024. I declare that the corresponding registration fee 2500 CHF (shared twin room) will be paid to the CERN Accelerator School as soon as possible not later than the 4th of September 2024. 	
- The registration fee will cover accommodation including full board at "Silva Hotel Spa-Balmoral" (Route de Balmoral 33, 4900 Spa, Belgium), starting with the evening meal on Sunday, the 10 th of November 2024 and finishing with breakfast on Friday, the 22 nd of November 2024. Once your participation is confirmed CAS will do the necessary booking of the hotel for you.	
- I acknowledge that not having paid or sent a proof of payment of the course fee by the 4th of September 2024 gives CAS the right of potentially excluding me from participation.	
- I grant permission to CAS for the publication of personal photographs and for recorded lectures on the CAS website.	
- I am fully aware that my participation is subsidised in part by the school organization and that complete assiduity to the entire scientific programme (lectures and exercises) is mandatory.	
- I am fully aware that I will be entirely on my own if I arrive before Sunday, the 10 th of November 2024 or leave after Friday, the 22 nd of November 2024, the school will neither arrange for my accommodation nor will cover any cost associated to the extended stay.	
- I am fully aware that any extra cost incurred during the stay (including private expenses at hotel, private transport costs, private meals) will not be borne by the school organization.	
- I shall ensure that I have health and accident cover that includes adequate protection (including emergency medical treatment and hospitalisation in case of illness or accident) for the country in which the School takes place, including the cover against illness, accident, death and disability.	
- If, for some reason, I am prevented from attending the School, I undertake to inform the School Administrator immediately, since without further notice the course fee will be charged. If cancellation is due to medical reasons, the School will consider the reimbursement of any fee that have already been paid, if suitable certificates are provided. Otherwise, fees are due and may not be refunded.	
Liability and Insurance Cover Statement Participation in the CERN Accelerator School and in all activities, including sport activities, organized in the framework thereof (whether by CERN or by third parties) is at the participant's own risk and neither CERN nor the third parties concerned accept any liability with regard thereto. Equipment and materials made available during the School are made available on an "as-is basis" without any warranties expressed or implied. The participant shall use such equipment and materials with reasonable care, under their sole responsibility and at their sole risk.	
Participants shall be solely responsible and liable regarding their property and that of a third-party - CERN shall have no liability in case of loss, theft or damage thereof. Participants shall not hold CERN responsible for costs they may incur as a result of cancelling their participation at the School. The Organizers reserve the right to cancel or postpone the School for reasons beyond their control and it is the participant's responsibility to consider insuring against any travel-related cancellation costs, where relevant.	
Participants shall ensure that, there shall at all times during the latter's participation in the CERN Accelerator School be insurance cover against illnesses and accidents valid in the place of venue, and against disability and death resulting from illnesses and accidents of the participants. The participant shall hold CERN free and harmless from, and indemnify it for any cost or expense resulting from the situation where any part of the insurance cover detailed above is not in place.	
By my signature, I acknowledge that I take note and accept the above.	
Date: Signature:	