ATTACHMENT 12

STUDENT APPLICATION FOR TRAVEL COURSES

Please complete separate Attachments 12-14 for each travel course for which you intend to register.

Travel Course: _____
Prefix # Section

Complete Name: _____
First Middle Last

Permanent Address:_____
Address City State Zip

Campus Address:_____
Address City State Zip

Phone Number:_____Mobile Phone:_____

Email Address: _____

Student Identification Number:_____

Date of Birth (for insurance purposes): _____
Month Day Year

Gender: _____ Male ____ Female Major: _____

Student Status: ___ Fresh ___ Soph ___ Jr ___ Sr ___ Grad

Ethnicity: Native American/Alaskan Native ___ Asian-American or Pac Islander ___
African-American ___ Hispanic-American ___ Multiracial ___
Caucasian/White, Non Hispanic ___ Do Not Wish to Report ____

Are you a member of the WCU Honors College? Yes _____ No _____
Travel costs (includes airfare, transfers, housing, and insurance) = $_____
Travel costs are due by April 1 (unless covered by financial aid; Financial aid payments are made 9 days before trip departure).
Will you be applying for financial aid to cover the costs of this trip? ____ yes ____ no

Deposit: A $500 non-refundable deposit is required by February 15 for pre-registration (or by date indicated for trips taking place outside summer session time frame.) This will be deducted from final travel costs.

If a travel course is canceled due to low enrollment, deposits for that course <u>will be</u> refunded.

I have read and understand the above information.

_____
Signature (Digital Signature Not Acceptable) Date

ATTACHMENT 13

STUDENT CONSENT FOR RELEASE OF INFORMATION
TRAVEL COURSES

Full Name: _____
First Middle Last

Student ID Number: _____

Home (Permanent) Address: _____
_____

Travel Course Name and #: _____

Instructor's name: _____

The Office of Student Community Ethics reviews the judicial files of all students applying to participate in a travel course. If you have been party to an investigation conducted by, or have been charged and/or convicted by the Office of Student Community Ethics of committing a violation of the WCU Code of Student Conduct, please describe the incident(s) in the space provided:

_____
_____
_____
_____
_____
_____
_____

I understand that if I am not permitted to participate in this travel experience, for any reason, by the University or any third party, at any time prior to departure, WCU is in no way liable for refunding any amount already paid on my behalf to any third party providers.

Signature of student: _____ Date: _____
(Digital Signature Not Acceptable)

Printed name: _____

continued on next page…

Western Carolina University
International Programs and Services
Domestic/International Travel Programs
Emergency Information and Release Form

Travel Course Name and #: _____
Instructor's name: _____
Travel Dates: _____

IN CASE OF EMERGENCY

Name of Parent, Guardian, or next of kin: _____
Address: _____
_____
Home Phone Number: _____
Work Phone Number: _____
Mobile Phone Number: _____

Secondary contact (if your parent or guardian cannot be reached):
Name: _____
Address: _____
Telephone: _____
Relationship to you: _____

Physician Contact Information:
Name: _____
Address: _____
Telephone: _____

I certify that the above information is correct. I grant permission to officials of WCU to discuss my participation in this program, which may include student records as defined by the FERPA, with the above-named contact(s).

In case of emergency, I grant permission to perform or arrange for necessary health care, including the administration and prescription of medication. I authorize the release of medical information to outside health professionals when a referral is necessary.

As a traveler, I agree to participate in this program at my own risk. I hereby release, hold harmless, and agree to indemnify Western Carolina University, its trustees, officers, agents, and employees from any and all liability, regardless of the cause, for any loss or delay of, or damage to my property, and for any injury (including death), damage, expense, cost inconvenience, or delay, that I may suffer as a result of or in connection with my participating in this program, nor are they to be held liable for payment of any refunded or unused travel reservation, meal or other payments.

I have read and understand the above and agree to abide by the stated conditions. I further agree to accept for myself, my assigns, executors and heirs any and all such risks that may occur.

_____ _____
Signature (Digital Signature Not Acceptable) Date

_____
Printed name

If the participant is under the age of 18, the parent or legal guardian certifies that he/she has carefully read and understands this Emergency Information and Release form.

Signature of Parent/: _____ Printed Name of Parent/: _____
Legal Guardian (Digital Signature Not Acceptable) Legal Guardian
Date: _____ Address/Phone: _____

continued on next page…

Name: _____

HEALTH STATEMENT

The purpose of this form is to help International Programs and Services and WCU to be of maximum assistance to you should the need arise during your domestic/international travel course experience. Mild physical or psychological disorders can become serious under the stresses of life while traveling. It is important that your course instructor and International Programs and Services be made aware of any medical or emotional problems, past or present, which might affect you in an unfamiliar study context. The information provided will remain confidential and will be shared with staff, faculty or health care professionals as may be necessary to ensure your health and safety.

If you answer yes to any of these questions, please give details of the condition and treatment. Use additional space at the bottom of the page if necessary. All responses will be kept confidential.

1. Do you have any dietary restrictions or known food allergies? Yes____ No____
   If yes, please explain:

2. Do you have any physical, psychological or emotional disabilities or impairments which might cause hardship through change of diet, carrying luggage, or strenuous travel, or might otherwise affect participation in a travel program? Yes_____ No_____
   If yes, please explain:

3. Do you have any allergies to medicine? Yes_____ No_____
   If yes, please specify:

4. What current treatments or prescription drugs (including birth control) do you regularly receive?

5. Use this space if you feel there are any conditions (physical, psychological or emotional problems) or any other information of which we should be informed.

ATTACHMENT 14
ASSUMPTION OF RISK
RELEASE/WAIVER OF CLAIMS
DOMESTIC/INTERNATIONAL TRAVEL PROGRAMS

This is a legal document which includes a release of liability. Read it carefully before signing it.

I understand that if I am not permitted to participate in this travel experience, for any reason, by the University or any third party, at any time prior to departure, WCU is in no way liable for refunding any amount already paid on my behalf to any third party providers.

1. I have applied and have been accepted for participation in a Western Carolina University ("WCU") travel course. I understand that I am not required to participate in this particular program but do so of my own free will

2. I understand that this program will expose me to many risks associated with domestic or foreign travel, [CHOOSE IF APPLICABLE] [residence in a foreign state], and participation in a study program conducted at that location. These risks include without limitation, food poisoning, depression, homesickness, theft, bodily injury and risks associated with public/political instability, and/or natural disasters

3. I acknowledge and understand the risks inherent in participating in the travel course. I understand that such risks cannot be completely eliminated

4. I voluntarily and expressly accept and assume all risks, hazards, and dangers inherent in participating in the travel course

5. I understand that I am solely responsible for the payment of any costs related to injury or property damage sustained through my participation in the travel course. I understand that I am solely responsible for maintaining adequate health and accident insurance coverage, for keeping current on the health advisories posted on the CDC and World Health Organization websites (http://wwwnc.cdc.gov/travel/ and http://www.who.int/en/), and I certify that I have adequate insurance coverage

6. I hereby agree, for myself and on behalf of my successors, heirs, and assigns, that for the sole consideration of WCU allowing me to participate in the travel course, I hereby waive any and all claims and release, satisfy, and forever discharge from any and all actions, claims, damages, judgments, demands, rights, and causes of action of whatever kind of nature, arising out of all known and unknown, foreseen and unforeseen bodily and personal injuries or damage to property arising out of or related to my voluntary participation in the travel course

7. I further agree that for the sole consideration stated above I will not institute any legal or administrative proceedings against WCU and its Board of Trustees; the University System of North Carolina ("UNC") and its Board of Governors; and their directors, officers, agents or employees for any claim for damages arising out of or related to my voluntary participation in the travel course

8. I understand that the acceptance of this Assumption of Risk and Release/Waiver of

Claims shall not constitute a waiver by WCU or UNC, in whole or in part, of sovereign or official immunity

9. I further agree to obey all laws and regulations of the country, countries and/or location(s) I visit. I agree to make a good faith effort to observe the customs and show respect and courtesy to the people of my destination site and everyone involved in the travel course
10. I further agree to reimburse the university for any and all expenses it incurs in reliance upon my promise to participate in the travel course

11. If I opt to travel independently before, during, or after the WCU travel course, I hereby voluntarily assume any and all risk with my independent travel and hereby release WCU and its trustees, officers, and employees from any and all liabilities that may arise out of or be related to my independent travel

12. I agree to abide by all relevant guidelines pertaining to appropriate behavior while preparing for and participating in the travel course <u>including</u>:
    a. The WCU Code of Student Conduct
    b. The course instructors' specific guidelines
    c. Relevant laws within the host country
    d. Policies and procedures of third-party providers and/or host institutions and

13. I have read and understand the Department of State warnings and advisories that may apply to my anticipated travel to a country/ies on that warning list (http://www.travel.state.gov/travel/cis_pa_tw/tw/tw_1764.html).

<u>Further, I understand that the University specifically reserves the right to terminate my participation in the travel course without refund to me of any funds if I breach these guidelines or otherwise violate directives, rules, regulations or laws. I understand that I will be responsible for any and all fees associated with the termination of my participation, including any fees related to my return travel arrangements and/or lodging. Breach will be determined solely by the course instructor(s) without recourse by me to any of the procedures contained in the Code of Student Conduct.</u>

I certify that I am at least 18 years of age and suffering under no legal disabilities and that I have carefully read and understand this Assumption of Risk and Release/Waiver of Claims, and agree to be bound by the terms contained herein.

Signature: _____
(Digital Signature Not Acceptable)

Printed Name: _____

Date: _____

Address/Phone: _____

If the participant is under the age of 18, the parent or legal guardian certifies that he/she has carefully read and understands this Assumption of Risk and Release/Waiver of Claims, and agrees to be bound by the terms contained herein.

Signature of Parent or Legal Guardian: _____
(Digital Signature Not Acceptable)

Printed Name of Parent or Legal Guardian: _____

Date: _____

Address/Phone: _____

Last updated 5/2011