Doane University Travel Course Student Forms/Checklist

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Other Information to submit:
  Contact Information: Name, email, mailbox #
  Photocopies of passport
Expectations of Course Enrollees:

1. Demonstrate sufficient maturity to participate in the course.
2. Have good academic standing, which can be confirmed by the University Registrar.
3. Have good standing in terms of behavior, which can be confirmed by the Dean of Students.
4. Carefully consider personal, physical, emotional, and mental health.
5. Carefully consider safety, security, health, and political, environmental, legal, and physical demands and other risks associated with the Travel Course.
6. Provide accurate information regarding participation in the course.
7. Read, understand, complete, sign, submit, and comply with information contained in required forms:
   a. Participant Waiver Form
   b. Medical Self-Assessment
   c. Release of Information Form
   d. Code of Conduct Form
8. For foreign travel, acquire a passport
9. Participate fully in all pre-departure meetings, read all pre-departure materials, and complete all pre-departure assignments.
10. Be responsible for personal preparation regarding local conditions and risks associated with the travel course.
11. Be responsible for and accept the consequences of your own choices and actions.
12. Inform parents, guardians, or others who need to know about your participation in the Travel Course.
13. Provide emergency contact information to parents, guardians or others.
14. Understand the purpose of the course-specific and the official codes of conduct.
15. Behave in a respectful manner in destination countries, and with fellow participants and the faculty/staff sponsor(s).
16. Avoid contraband and consume alcohol sparingly.
17. Follow outlined procedures in the event of an emergency.
18. Understand that the Travel Course faculty/staff sponsor(s):
   - Cannot eliminate all risks from the environment of destinations traveled to
   - Cannot guarantee the safety of all course enrollees
   - Cannot monitor the daily decisions, choices, and activities of course enrollees
   - Cannot prevent course enrollees from engaging in dangerous or illegal activities
   - Cannot assume responsibility for the actions by persons not employed or otherwise engaged by the University
   - Cannot assume responsibility for situations that arise due to unforeseen circumstances
   - Cannot provide or pay for legal representation for course enrollees
   - Cannot assume responsibility for the actions of persons not employed or otherwise engaged by the course sponsor(s), for events that are not directly part of the course, or that are beyond the control of the sponsor(s), or for situations that may arise due to the failure of a course enrollee to disclose pertinent information
Sample Travel Course Student Interview Questions

Questions are for informational purposes only, and may not affect a student’s ability to enroll.

Name:  
Prefer to be called: 
Permanent Address: 

Emergency Contact name, phone and relationship: 

FR SO JR SR and Major:  
Female: ___ Male: ___

Age and Date of Birth:  
Smoker ___ Non-Smoker ___

Are you in good academic standing at the University?

What are your long-term career goals?

What are your personal goals?

What benefits do you expect to gain from this course?

How familiar are you with the destination?

What are your fears about taking this course?

What do you want to experience during this course?

What will you do to make the most of this course?

Which medications do you currently take or take regularly?

Do you have any physical limitations that may affect travel plans?

Do you have any health or mental issues that may affect travel plans?

Do you have any behavior problems that may affect travel plans?

Are you a US citizen?

Are you trained in first aid and/or CPR?
Pre-Travel Verification Form

We are very pleased that you have decided to travel during your academic experience at Doane College! We ask that each student review, complete and sign this form. Return this form to the Business Office by the required deadline.

Student Information

Name of student______________________________ ID#__________

Trip Information

Name of trip__________________________________________
Faculty sponsoring trip________________________________
Dates of trip_________________________________________

Academic Status Information

_____ I am in good academic standing with the college (2.0 GPA or better)
Registrar Office Staff___________________________ Date_______

Disciplinary History and Status Verification

_____ I am in good standing with the Student Affairs Office
_____ I have had previous disciplinary history, including warnings or probation.
   Explain.
Student Affairs Office Staff___________________________ Date_______

Business Office Verification  (Transfer Student ☐)

_____ I have used my travel scholarship.
_____ I would like to use my travel scholarship.
Business Office Staff___________________________ Date_______

I have reviewed and understand the policies of the trip, including cost and payment plans associated with the trip.

Student Signature______________________________ Date________________

Print name______________________________
Travel Course Medical Self-Assessment

Name ________________________________________________________________
As on passport: Last First Middle

DOB:__________ Passport #:____________________________

SSN:________________________________________

Campus Address:________________________________________________________

Campus Phone:_____________________________

Cell Phone: ________________________________

Primary Physician:_________________________Clinic:_________________________

City________________________ State:________________________ Phone:________________

U.S. Health Insurance Information

Name of U.S. Health Insurance Company:________________________________

Named of Primary Insured____________________ Relation to you__________

Policy Number:_________________________ Company

Phone_________________________ Company

Address:______________________________

Please provide a candid evaluation of your health—keeping in mind Travel Course trips can be physically and emotionally demanding. Information on this form is kept confidential by the International Programs Office, the Study Abroad Resident Director, and Medical Staff abroad. Providing this information is voluntary, and will not be used to determine your enrollment in the program. Honest assessment of your health and medical history may be of assistance to you if an illness or emergency occurs while abroad.

Please complete all pages of this form. Attach additional information on a separate sheet of paper, if needed.

Please rate your overall health (Please check one): Excellent Good Fair Poor

Height:_______ Weight:__________ M: __ F:__ Age:____________

Do you currently have, have you been treated, or are you currently being treated for:

Dietary restrictions, special diet, known food allergies? YES NO

A physical health condition? (asthma, diabetes, epilepsy, heart condition, etc) YES NO

A mental health condition (psychological or emotional)? YES NO
Known allergies to medications, plants, animals, insect stings, etc.? YES NO
Physical impairment, limitations or disabilities? YES NO
Any pre-existing medical conditions? YES NO

If you answered YES to any of the questions above, please explain:

In the past 2 years have you:

- Had a major surgical operation or been advised to have one? YES NO
- Had a major illness or injury (rheumatic fever, etc.)? YES NO
- Been treated by a psychiatrist, psychologist or counselor? YES NO
- Received accommodations for a physical or learning impairment? YES NO

If you answered YES to any of the questions above, please explain:

Are you currently undergoing treatment, taking prescription medication, taking over the counter medication, herbal supplements or remedies? YES NO

If YES, please explain:

If you will be taking any medication(s), supplements or remedies while participating in this course, please list them here:

Do you anticipate being treated for a pre-existing illness or chronic condition while participating in this course? YES NO

Do you anticipate being treated by a psychiatrist, psychologist or counselor while participating in this course? YES NO

Is there any additional information that would be helpful in case of emergency, illness or incapacitation? Please explain:

Have you fully and truthfully completed each item on the medical self assessment form? YES NO

Have you included additional details on a separate piece of paper? YES NO

I certify the information provided by me on this form is accurate to the best of my ability. I give my permission to the University and its agents to contact the persons I have identified as my emergency contacts in the event the Director of International Programs, the Travel Course faculty/staff sponsor(s), or any other agent of the University deems such action is justified.

Signature

Date

Please return this form to the Travel Course faculty/staff sponsor(s).
Travel Course Participant Waiver Form

STATEMENT OF RESPONSIBILITY AND AUTHORIZATION
WAIVER, RELEASE AND INDEMNIFICATION AGREEMENT

I, _______________________________, have agreed to participate in the University's program
entitled __________________________________________ (the “Program”) in __________________________(area)
during the period ______________ through ______________.

My participation in this Program is wholly voluntary. In consideration of the University’s agreement to permit me to
participate in this program, the receipt and sufficiency of which is hereby acknowledged, I agree as follows:

1) I hereby represent and warrant that I am and will be covered throughout the Program by a policy of
comprehensive health and accident insurance which provides coverage for injuries and illnesses I sustain or
experience, and, more specifically, in the countries or areas in which I will be living and/or traveling. By my
signature below, I certify that my health insurance policy will adequately cover me while traveling inside or
outside the United States; and, I absolve the University of all responsibility and liability for any injuries,
illnesses, claims, damages, charges, bills and/or expenses I may incur while traveling. I agree to report to the
University’s Director of the Program any physical or mental condition I have which may require special
medical attention or accommodation during the Program at least ninety (90) days prior to departure. I further
agree that I am responsible for any insurance I deem necessary to protect my personal property during my
participation in the Program.

2) I understand that the University reserves the right to make changes to the Program itinerary at any time and
for any reason, with or without notice, and that University shall not be liable for any loss whatsoever to
participants by reason of any such cancellation or change. The University is not responsible for penalties
assessed by air carriers that may result due to operational and/or itinerary changes, regardless of whether the
participant or the University made flight arrangements. Any additional expense resulting from the above will
be paid by the participant. The University reserves the right to substitute hotels or accommodations or housing
of a similar category at any time. Specific room and housing assignments are within the sole discretion of the
University.

3) I understand and acknowledge that the University assumes no responsibility or liability, in whole or in part, for
any delays, delayed or changed departure or arrival times, fare changes, dishonors of hotel, airline or vehicle
rental reservations, missed carrier connections, sickness, disease, injuries (including death), losses, damages,
weather, strikes, acts of God, circumstances beyond the control of the University, force majeure, war
quarantine, civil unrest, public health risks, criminal activity, terrorism, expense, accident, injuries or damage
to property, bankruptcies of airlines or other service providers, inconveniences, cessation of operations,
mechanical defects, failure or negligence of any nature howsoever caused in connection with any
accommodations, restaurant, transportation, or other service or for any substitution of hotels or of common
carrier beyond the University’s control, with or without notice, or for any additional expenses occasioned by
any of the foregoing. If due to weather, flight schedules, or other uncontrollable factors I am required to spend
additional nights, the University will not be responsible for my hotel, transfers, meal costs or other expenses.
My baggage and personal property are at my risk entirely.

4) The University reserves the right to decline to accept or retain me in the Program at any time should my
actions or general behavior impede the operation of the Program or the rights or welfare of any person.
Similarly, if my conduct violates any policy or procedure of the University, I understand that I may be required
to leave the Program in the sole discretion of the University’s agents and representatives, and may be referred
to the appropriate University officials for further disciplinary or other action. In such an event, no refund will
be made for any unused portion of the Program. The right is reserved by the University, in its sole discretion, to
cancel the Program or any aspect thereof prior to departure; and, in the University’s sole discretion, to cancel
the Program or any aspect thereof after departure, requiring that all participants return to the University campus, if the University determines or believes that any person is or will be in danger if the Program or any aspect thereof is continued. I will be responsible for any additional expense in the event my participation in the Program is cancelled.

5) I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby release, acquit and forever discharge the University and its employees, agents, officers, trustees and representatives (in their official and individual capacities) from any and all liability whatsoever for any and all damages, losses or injuries (including death) I sustain to my person or property, or both, including but not limited to any claims, demands, actions, causes of action, judgments, damages, expenses and costs, including attorneys fees, which arise out of, result from, occur during or are connected in any manner with my participation in the Program and/or any travel incidental thereto.

6) I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby agree to indemnify, defend and hold harmless the University and its employees, agents, officers, trustees and representatives (in their official and individual capacities) from any and all liability, losses, damages, judgments or expenses, including attorneys fees, that I or any of them incur or sustain as a result of any claims, demands, actions or causes of action that arise out of, occur during, or are in any way connected with my participation in the Program and/or any travel incidental thereto.

7) I agree that this Statement of Responsibility and Authorization; Waiver, Release and Indemnification Agreement is to be construed under the laws of the State of Nebraska, U.S.A.; and that if any portion hereof is held invalid, the balance hereof shall, notwithstanding, continue in full legal force and effect. In signing this document I hereby acknowledge that I have read this entire document, that I understand its terms, that I will abide by each of the terms and conditions, and that by signing it I am giving up substantial legal rights I might otherwise have, and that I have signed it knowingly and voluntarily.

To be completed by participant (please type or print clearly):

Name: ____________________________  Email: ________________________________

Phone: ___________________  Cell Phone: ___________________  Permanent HomeTelephone: ________________________

Title of Travel Course: ______________________________________________________

Faculty Sponsor(s): _________________________________________________________

Course Year: ______   January Travel: ______  May Travel: ______

I have carefully read this Participant Waiver Statement. No representations, statements, or inducements, oral or written, apart from the foregoing written statement, have been made. This agreement shall become effective and binding upon receipt of this form by the University at its Business Office in Crete, Nebraska.

________________________________________  __________________________
Signature of Participant  Date

x________________________________________  __________________________
Signature of Parent if Participant is under 19 years of age  Date

Please return this form to the Travel Course faculty/staff sponsor(s)
Travel Course Code of Conduct Form

Code of Conduct

As with any endeavor, individual responsibility has a major impact on your health and safety and the health and safety of others while traveling. In this regard, you must:

- Read and carefully consider the materials regarding health and safety that have been provided to you.
- Make the University aware of any physical and mental health information and any other personal information that is necessary for a safe and healthy travel/study experience.
- Inform parents/guardians/families, and any others who may need to know, about participation in the travel course, provide them with emergency contact information, and keep them informed on an ongoing basis.
- Understand and comply with the terms of participation and rules of conduct, and obey all applicable laws.
- Be aware of local conditions and customs that may present health or safety risks when making daily choices and decisions. Promptly express any health or safety concerns to course sponsors or other appropriate individuals.
- Behave in a manner that is respectful of the rights and well being of others, and encourage others to behave in a similar manner.
- Accept responsibility for your own decisions and actions.
- Follow the program rules for keeping program staff informed of your whereabouts and well being.

If you become aware of a violation of these rules or have been involved or become aware of a theft, assault, or other incident, including harassment, you are responsible for reporting the matter immediately to the course sponsor. If the course sponsor is part of the problem, you should contact the Vice President for Financial Affairs at 402-826-8200 to report the problem. The course sponsor or the University, as the case may be, shall immediately investigate the problem and take corrective action where possible. The University reserves the right to cancel any individual’s participation in the course if the University determines or believes that any person is or will be in danger if the course or any aspect thereof is continued.

By participating in this course, you are also indicating your understanding that neither the University nor any of its employees or agents can:
- Guarantee or assure the safety of participants or eliminate all risks from the travel environment.
- Monitor or control all of the daily personal decisions, choices, and activities of individual participants.
- Prevent participants from engaging in illegal, dangerous, or unwise activities.
- Provide or pay for legal representation for participants.
- Assume responsibility for the actions of persons not employed or otherwise engaged by the course sponsor, for events that are not part of the course, or that are beyond the control of the sponsor, or for situations that may arise due to the failure of a participant to disclose pertinent information.
To be completed by student (please type or print clearly):

Student Name: __________________________ E-mail: _________________________________

Phone: ___________________ Cell Phone: ________________________________

Permanent Home Telephone: ______________________________

Title of Travel Course: __________________________________________________________

Faculty Sponsor (s): ____________________________________________________________

Course Year: _____ January Travel: ____ May Travel: ____

I have carefully read this Code of Conduct form. No representations, statements, or inducements, oral or written, apart from the foregoing written statement, have been made. I have carefully read this Code of Conduct form and agree to its terms. This agreement shall become effective upon receipt of my form by the University at its Business Office in Crete, Nebraska.

_____________________________  ____________________________
Signature of Student                  Date

x_____________________________  ____________________________
Signature of Parent if Student is under 19 years of age  Date

Please return this form to the Travel Course faculty/staff sponsor(s).
Travel Course Release of Information Form

I, ____________________________, participating in the Travel Course entitled ____________________________________________________, traveling to _____________________________________________________.

authorize the University to contact and release information pertaining to all matters of my domestic or international travel to the persons listed below and authorize the parties listed below to contact and release information pertaining to all matters of my participation in the Travel Course to the University:

1. Name as it appears on participant’s driver’s license or official identification card: ____________________________

2. Parent Name(s): ________________________________________________________________

3. Address: _________________________________________________________________

4. Home Phone: ____________________________  Business Phone: ____________________________  Mobile Phone: ____________________________

5. Fax ______________________________________

6. Employer ____________________________  City ____________________________  State ______

7. Emergency Contact

   Name: ________________________________________________________________

   Address: ________________________________________________________________

   Home Phone: ____________________________  Business Phone: ____________________________  Mobile Phone: ____________________________

   Fax: ____________________________
I acknowledge that I understand the purpose of the foregoing request and that authorization is hereby granted voluntarily. I understand that this release is valid for a period of three hundred and sixty-five (365) days. I further understand that I may cancel or revoke this authorization at any time in writing, to be submitted to the University at the Business Office in Crete, Nebraska. I certify that I have read this form and that I understand its contents.

By my signature below, I consent to the release of information and documents.

<table>
<thead>
<tr>
<th>Signature of Participant</th>
<th>Printed Name of Participant</th>
<th>Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Signature of Witness</th>
<th>Printed Name of Witness</th>
<th>Date</th>
</tr>
</thead>
</table>

Please return this form to the Travel Course faculty/staff sponsor(s).