

Eckerd College

TRAVEL POLICY FOR:

INTERNATIONAL TRAVEL

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1.0 POLICY STATEMENT

This policy statement is intended only for students who initiate and make arrangements to go abroad individually and independently. Those students participating in a formal, structured study abroad program organized by the office of International Education must follow the policies for study abroad. Additional information about the Eckerd College International Education programs is available at www.eckerd.edu/internationaled/

The health, safety, and security of Eckerd College students participating in education abroad activities is of paramount concern to the College. For this reason, the following guidelines have been developed for all Eckerd students engaging in international independent study or internship for which they will receive Eckerd credit.

The following recommendations have been developed to assist students in planning for successful experiences abroad.

2.0 GUIDELINES FOR STUDENTS

- a) Prior to requesting approval to participate in an Independent Study or Internship Program that requires travel abroad, students should review the U.S. Department of State travel information about countries placed on the warning list, see: www.travel.state.gov.
- b) If the U.S. Department of State has issued a travel warning for a specific country, then the College will not approve the trip. Students will be provided with an opportunity to choose an alternate location for their Independent Study or Internship site.
- c) Students need to review their health insurance coverage and determine if it works overseas.
- d) Students must sign an *Informed Consent and Assumption of Risk form*.
- e) Students should review the Center for Disease Control information for any country to which they are planning to travel: www.cdc.gov.
- f) Students are reminded to get a passport. Further information can be obtained at: http://travel.state.gov/passport/passport 1738.html
- g) Students need to check Visa Requirements. Further information can be obtained at: http://travel.state.gov/travel/tips/brochures/brochures 1229.html
- h) Students need to consider the need for special clothing or equipment that may be needed because of weather or other conditions.

3.0 PROCESS

After conferring with the appropriate faculty member, Collegium, discipline or department, the student obtains the appropriate required form from the Office of the Registrar. The Academic Contract for Independent Study is available from the Registrar (Upham Administration Building) and the Proposal and Academic Contract for Internship is available in Career Resources (Lindsey Hall).

4.0 Informed Consent

It is very important for students to be informed of the dangers they may face while participating in an international program/trip that requires students to travel. Students are required to sign the *Informed Consent and Assumption of Risk Form* (LINK) before participating in the Independent Study or Service Learning trip. This form is included as part of this document (Appendix A).

APPENDIX A

This form needs to be signed by all students, participating in Study Program, Service Learning or Internships that require travel. Students under the age of 18 are required to obtain a signature from a parent or legal guardian.

(INSERT NAME OF INTERNATIONL TRAVEL) RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

The u	ndersigned	("Particip	ant") hereby	acknowle	dges t	hat I hav	e volu	ntarily	applied to
particip	pate in the	following	International St	tudy Prog	gram _				
("Intern	national	Study	Program"),	to	be	held	in	and	around
				(inse	rt loca	tion), on	or abou	ıt	(insert
date(s)	. In cons	ideration f	for being permi	itted by 1	ECKE	RD COLLI	EGE to	partici	pate in the
Interna	tional Stud	y Program.	I hereby ackno	wledge a	nd agre	ee:			

MY CONDUCT: On the International Study Program, I agree to be mindful for my own safety, to maintain a personal awareness of my surroundings, to use discretion and caution in unfamiliar areas, to be respectful of the environment, to conduct myself in accordance with ECKERD COLLEGE'S policies and procedures, and to abide by all the rules and requirements of the International Study Program. ECKERD COLLEGE has the right to terminate my participation in the International Study Program if it is determined that my conduct is detrimental to the best interests of the group, my conduct violates any rule of the International Study Program, or for any other reason in ECKERD COLLEGE'S discretion. Failing to follow rules of the International Study Program, staff directors, or the Student Code of Conduct may result in disciplinary action.

ASSUMPTION OF RISK: I understand participation in the International Study Program necessarily involves known and unknown risks, including (1) injury to me which includes, but is not limited to, serious personal injuries, illness, or disease; (2) my death; and (3) damage to my personal property or the property of other third parties. These risks are assumed by me during transportation to and from ECKERD COLLEGE via private vehicle, common carrier and/or ECKERD COLLEGE owned vehicle, during participation in the events of the International Study Program, during overnight accommodations, during inclement weather conditions, and as a result of latent or apparent defects in equipment, facilities or property conditions, and passive or negligent acts of myself, ECKERD COLLEGE, ECKERD COLLEGE employees, and property owners. I understand that the above list of risks is not complete or exclusive and that those and other risks, known and unknown, anticipated or unanticipated, may also result in injury, death, or damage to my personal property or the property of other third parties. I agree and promise to accept my conduct responsibilities as outlined above, and the risk of injury or death to myself and damage to my property or the property of others arising from my participation in the International Study Program. ECKERD COLLEGE cannot and does not guarantee my safety. I THEREFORE ASSUME ALL RISKS ASSOCIATED WITH PARTICIPATING IN THE INTERNATIONAL STUDY PROGRAM, EVEN IF THEY

ARISE FROM THE NEGLIGENCE OF ECKERD COLLEGE, ECKERD COLLEGE EMPLOYEES, PROMOTORS OR PROPERTY OWNERS, BOTH KNOWN AND UNKNOWN, AND ASSUME FULL RESPONSIBILITY FOR MY PARTICIPATION IN THE INTERNATIONAL STUDY PROGRAM.

RELEASE OF LIABILITY: By signing this release, I, on behalf of myself, my personal representatives, heirs, executors, administrators, agents, and assigns, HEREBY FULLY AND FOREVER RELEASE AND DISCHARGE ECKERD COLLEGE, its employees, agents, volunteers, and any students (hereinafter referred to as "Releasees") for any and all liability, claims, demands, causes of action (known or unknown), suits, or judgments of any and every kind (including attorneys' fees), arising from any injury, property damage, or death that I may suffer as a result of my participation in the International Study Program, REGARDLESS OF WHETHER THE INJURY, PROPERTY DAMAGE, OR DEATH IS CAUSED BY THE RELEASEES, AND REGARDLESS OF WHETHER THE INJURY, PROPERTY DAMAGE OR DEATH OCCURS WHILE IN, ON, UPON, OR IN TRANSIT TO OR FROM THE PREMISES WHERE THE INTERNATIONAL STUDY PROGRAM, OR ANY ACTIVITY RELATED TO THE INTERNATIONAL STUDY PROGRAM, OCCURS OR IS BEING CONDUCTED.

INDEMNITY: I, on behalf of myself, my personal representatives, heirs, executors, administrators, agents, and assigns, agree to hold harmless, defend and indemnify the Releasees from any and all liability, including any and all claims, demands, causes of action (known or unknown), suits, or judgments of any and every kind (including attorneys' fees) arising from any injury, property damage, or death that I may suffer as a result of my participation in the International Study Program.

MEDICAL CARE. I am responsible for the cost of any and all medical and health services I may require as a result of participating in the International Study Program.

FITNESS TO PARTICIPATE: I am physically and mentally fit to participate in the International Study Program. I do not have any history of a medical condition that could be aggravated by my participation in this particular International Study Program.

MEDICAL CONSENT: I understand and agree that ECKERD COLLEGE is not responsible for my health and medical care. However, I hereby grant ECKERD COLLEGE full authority to take, or not to take, in its sole discretion, whatever actions it may consider warranted under the circumstances for my health and safety during my participation in the International Study Program, and I hereby release ECKERD COLLEGE employees from any liability for any such decisions or actions as may be taken in connection therewith.

The authority granted in the preceding sentence shall include the right (in the sole discretion of ECKERD COLLEGE) to place me, at my own expense, and without any further consent, in a hospital for medical services and treatment, or if no hospital is readily accessible, to place me in the care of a local medical doctor for treatment. I understand and agree that Releasees assume no

responsibility for any injury or death which might arise out of or in connection with such authorized emergency medical treatment.

PHOTO RELEASE: I hereby grant ECKERD COLLEGE permission to use my likeness in photographs taken as a part of the International Study Program in any and all of its publications, including website entries, without payment or any other consideration. These materials will become the property of ECKERD COLLEGE and will not be returned.

I hereby irrevocably authorize ECKERD COLLEGE to edit, alter, copy, exhibit, publish, or distribute these photographs for purposes of publicizing ECKERD COLLEGE'S programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copies, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising from or related to such use of the photographs.

I hereby hold harmless and release and forever discharge ECKERD COLLEGE from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

FLORIDA LAW GOVERNS: This Agreement shall be construed in accordance with the laws of the State of Florida.

SEVERABILITY: If any term or provision of this Agreement shall be held illegal, unenforceable, or in conflict with any law governing this Agreement, the validity of the remaining portions of this Agreement shall not be affected thereby.

I HAVE READ THIS AGREEMENT BEFORE SIGNING BELOW AND FULLY UNDERSTAND ITS TERMS. I AM AWARE THAT THIS AGREEMENT INCLUDES AN ASSUMPTION OF RISK, RELEASE OF LIABILITY, AN AGREEMENT TO INDEMNIFY THE RELEASEES, AND A PHOTO RELEASE. I UNDERSTAND I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS AGREEMENT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. BY MY SIGNATURE I REPRESENT THAT I AM AT LEAST 18 YEARS OF AGE OR, IF NOT, THAT I HAVE SECURED BELOW THE SIGNATURE OF MY PARENT OR GUARDIAN AS WELL AS MY OWN.

	//	/_/
Signature of Participant	Date of Birth	Today's Date
Printed Name	_	

Cell Phone #:	
Signature of Parent/Guardian for Parti	icipants under eighteen (18) years of age:
RESPONSIBILITY FOR THE ABOVE RATIFY PARTICIPANT'S RELEASE AND AGENTS, VOLUNTEERS AND MYSELF, MY HEIRS, ASSIGNS, PEKIN, I RELEASE AND AGREE TO IT ALL LIABILITIES INCIDENT TO MINTERNATIONAL STUDY PROPERTY OWNERS, BOTH KNOW	PARENT OR GUARDIAN WITH LEGAL ZE NAMED PARTICIPANT, CONSENT TO AND JE OF ECKERD COLLEGE, ITS EMPLOYEES, ANY STUDENTS FROM ALL LIABILITY. FOR ERSONAL REPRESENTATIVES AND NEXT OF INDEMNIFY THE RELEASEES FROM ANY AND MY MINOR CHILD'S PARTICIPATION IN THE GRAM, EVEN IF ARISING FROM THE LLEGE, ITS EMPLOYEES, PROMOTORS OR WN OR UNKNOWN, TO THE FULLEST EXTENT WE READ THIS RELEASE OF LIABILITY, REE TO ITS PROVISIONS.
Signature of Parent or Guardian	Today's Date
Printed Name of Parent or Guardian	