

Unaccompanied Student International Trip Travel Release

for Internships, Community Placement, Conferences and Independent Study

Participant Information

Full Legal Name: _____ WID #: _____

Date of Birth (mm/dd/year): _____ Gender: _____

Home Address: _____

Cell Phone: _____ Home Phone: _____

Email: _____

Citizenship: _____

Passport #: _____ Place of Issuance: _____

Date of Issue (mm/dd/year): _____ Expiration Date (mm/dd/year): _____

Agreement to Participate Assumption of Risk and Release

Informed, Voluntary Decision: I (print full name) _____
Whitman College ID # _____ have made an informed decision to participate in an
internship, community placement, conference or independent study experience outside of the United
States during the period of (exact dates abroad) _____ in the following cities
and countries: _____

With the following organizations (university, institute, research center, non-profit): _____

I acknowledge that although a Whitman College faculty member or department (print name and department or N/A) _____ or student organization (print organization name or N/A) _____ may have facilitated a placement at the above listed location or may be providing funding to support my trip, I have researched and elected to participate in an internship, community placement, conference or independent study over which Whitman College has no direct control or oversight. I acknowledge that my participation in this particular experience is voluntary and is not required as part of my academic program at Whitman College. I choose to participate.

Limitation of Control: I understand that the faculty member, department or student organization listed above cannot be responsible in any way for my actual activities overseas. I will negotiate the daily experiences of the project on-site myself. I further acknowledge that by providing a possible conduit for academic credit or by simply recognizing the student organization (if listed above) Whitman College makes neither endorsement of, nor any representations or warranties with respect to the quality, safety, content or appropriateness of my experience. I understand that Whitman College cannot and does not monitor or control any of the daily personal decisions, choices and activities of

Participant Initials: _____

Parent Initials: _____

individual participants themselves nor those of foreign institutions and individuals involved with the placement.

Description: I understand and accept all details including but not limited to the following: that I am responsible for arranging my own travel arrangements to and from the site; that I am responsible for locating and selecting a safe place to stay, safe places to eat and the places where I conduct my project and that Whitman College has not screened, selected or endorsed any accommodations, eating establishments or other facilities.

Responsibility for Preparation: I assume responsibility for all the elements necessary for my personal preparation for the internship, community placement, conference or independent study experience. **I have read the United States Department of State (<http://travel.state.gov>) consular information and travel alerts/warnings for my host countries on line and incorporated this information into my decision.**

Disclosure To And Notification of Family: Unless the College has received a prior written statement to the contrary, I hereby agree and consent that the College may, in its sole discretion, disclose to my parent(s) or guardian(s) of record any incident, event or matter arising out of or relating to my participation in this trip including, but not limited to voluntary or involuntary withdrawal, serious illness, injury and/or hospitalization, arrest, evacuation or other such matters.

Emergency Contact (parent or other designated individual):

Name: _____
Address: _____
Cell: _____
Phone (daytime): _____
Email: _____
Relationship: _____

Acknowledgement of Risk: I acknowledge that residing outside the United States and traveling to the foreign destination involves risks such as accidents or illness, disease, poor sanitation, inadequate medical care and facilities, pollution, terrorism, crime, hazards by air, train, boat and motor vehicle, natural disasters, attitudes towards Americans, political unrest, and hazards arising from a wide variety of events and circumstances which cannot be enumerated.

Acceptance of Conditions: I understand that academic facilities and working conditions abroad may not meet the occupational health and safety standards found in the United States. Further, I understand and accept that my choice of internship, community placement, conference or independent study may expose me to diseases and to unsanitary living conditions. I understand that medical facilities and sanitation may be inferior to that in the United States and that medical attention may be several hours or days away in the case of an emergency. I am responsible for exercising reasonable care in maintaining my own safety throughout my participation in the internship, community placement, conference or independent study experience.

Academic Credit: I understand and accept that internships, community placements, and independent studies are subject to all regular Whitman College academic policies. Facilitation of placement in such experiences or financial support for the trip from the College does not constitute approval for academic credit.

Insurance Requirements: I understand that I am required to provide proof of medical insurance for the entire duration of my experience and that I must obtain an *International Student Identity Card* which provides emergency medical evacuation. These forms are available on line at [add link].

Health: I verify that there are no health-related conditions or problems (including both physical and mental health conditions) that preclude me from participating. I acknowledge that certain immunizations may be recommended, and that I am responsible for obtaining all necessary immunizations.

I accept responsibility for educating and informing myself and discussing with my health care provider diseases, illnesses, and other health concerns that may result from living and working abroad. **I have reviewed the Centers for Disease Control Travelers' Health recommendations for immunizations and health risks (<http://www.cdc.gov/travel/>) and understand the specific health risks associated with my choice of study site.**

College Travel Policy: I understand and accept that in accordance with Whitman policy the Provost or Dean of Students may withdraw approval for any overseas trip associated with Whitman College if the US Department of State issues a travel warning or if other conditions compromise the health and/or safety of participants.

Personal Conduct: I accept responsibility for the effect my conduct has on other participants, hosts, and me and agree to conform to standards of conduct consistent with the maintenance of the reputation of Whitman College. I understand that the Whitman College *Rights and Responsibilities in the Student Handbook* and other College policies apply to my activities and participation in this internship/community placement/conference/independent study experience.

I understand that I am also responsible for obeying host country laws while not necessarily enjoying the same privileges as the host country nationals. I understand that conduct considered unacceptable to Whitman College includes any behavior that disrupts normal program operation or endangers myself or others but is not limited to excessive use of alcohol, fighting, abusive behavior toward others, sexual harassment, criminal conduct of any kind, or use of illegal drugs.

Assumption of Risk:

I acknowledge that risks of travel include possible political and social upheavals and terrorism, and that I should consult with the United States Department of State (<http://travel.state.gov>) for all areas that I plan to travel. I hereby personally assume all risks, whether foreseen or unforeseen, arising out of or in connection with my participation in the internship/community service/conference/independent study for any harm, injury or damage that may befall me while participating in any activities connected with this international experience and travel to and from the site. I also understand that my baggage and personal property are at my risk entirely throughout the internship/community placement/conference/independent study and during travels to and from the site.

Governing Law: I understand that this Agreement will be construed in accordance with the laws of the State of Washington and will be the forum for any legal dispute concerning my participation in the internship/community placement/conference/independent study.

Release of Claims:

I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby release and forever discharge Whitman College, its employees, agents, officers, trustees, contractors 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 attorney's fees, which arise out of, result from, occur during or are connected in any manner with my participation in the internship/community placement/conference/independent study, any related or independent travel, and any activities, excursions, side trips or field trips in which I participate during the internship/community placement/conference/independent study, irrespective of whether or not they are sponsored, supervised or controlled by Whitman College in any manner.

Indemnification And Hold Harmless: I, individually, and on behalf of my heirs, successors, assignees and personal representatives, hereby agree to indemnify, defend and hold harmless Whitman College, its employees, agents and officers, contractors, trustees and representatives (in their official and individual capacities) from any and all liability, loss, damage or expense, including attorneys fees, that arise out of, occur during or are in any way connected with or related to my participation in the internship/community placement/conference/independent study experience, any related or independent travel, and any activities, excursions, events or field trips in which I participate during the internship/community placement/conference/independent study experience, irrespective of whether or not they are sponsored, supervised or controlled by Whitman College in any manner.

I have carefully read and understand everything written above, and I voluntarily sign this Agreement to Participate, Assumption of Risk and Release. No representation, statements or inducements, oral or written, apart from the foregoing statement have been made.

I am at least 18 years of age and legally competent to sign this document.

Participant's Signature: _____ Date: _____

Printed Name: _____

I have carefully read and understand everything written above. I have also read the information about the host country on the U.S. Department of State website at <http://travel.state.gov> as well as health information about the host country at the Centers for Disease Control website at <http://www.cdc.gov/travel> and have considered carefully the risks of travel to this destination for my son/daughter and discussed it with him/her.

Parent Signature: _____ Date: _____

Printed Name: _____

Participant Initials: _____

Parent Initials: _____