

# DEFIANCE COLLEGE – MCMASTER SCHOOL FOR ADVANCING HUMANITY

## Travel Application for Non-Student Participant

### McMaster School Program Timelines:

For all participants

60 days prior to travel

Review and revise Travel Application

TO BE COMPLETED BY MCMASTER SCHOOL

### Status of the Travel Application for \_\_\_\_\_

(Insert Name)

- Emergency Contact Information
- Application Form
  - Copy of Driver's License *(if certified to drive DC vehicles)*
  - Copy of Passport *(if traveling out of Country)*
- Medical Information and Release Form
  - Immunization Record *(if traveling out of Country)*
  - Proof of Health Insurance
- Conditions for Participation and Assumption of Risk Acknowledgement
- Financial Agreement
- Smart Traveler Enrollment Program (STEP) *(if traveling out of Country)*

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**EMERGENCY CONTACT INFORMATION**

**Name:** \_\_\_\_\_ **Program:** McMASTER to \_\_\_\_\_  
Print

Please complete all fields below, including phone numbers and email address. Incomplete forms will be returned.

**Emergency Contact #1**

Name of contact(s): \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

**Emergency Contact #2**

Name of contact(s): \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Address: \_\_\_\_\_

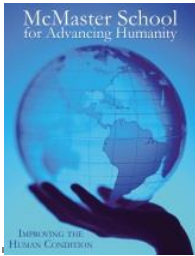
Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

By signing your name below, you permit Defiance College to release information to the alternate contact you have indicated above. This information may include, but is not limited to, pre-departure information regarding the program, billing statements and other financial information, and information regarding your whereabouts and/or participation in the program. The College may make these disclosures for any purpose that it deems necessary or advisable in connection with its administration and operation of the program, including without limitation, enforcement of the requirements for participation in this program.

I permit Defiance College to release information to the persons I have indicated above.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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### MEDICAL INFORMATION AND RELEASE FORM

#### DISCLOSURE

The Defiance College McMaster School Program involves a variety of activities in settings that are generally unfamiliar to participants. These programs, by nature will place participants in new situations that may elicit some fresh behaviors, some anxiety, and some new insights. One goal of the McMaster School Program is to provide participants with new awareness about themselves as well as others.

Participation in the Program involves risks not found in study at the College, which could include risks associated with traveling to and within and returning from one or more foreign countries, or regions of the United States; unfamiliar or different political, legal, social, and economic conditions; different standards of design, safety, and maintenance of buildings, public places, and conveyances; and other matters which may differ from how things work at home. Some programs may involve specific activities such as hiking, climbing, swimming, or other physical activities.

The information gathered on this medical form is intended to help inform Defiance College staff and McMaster School Program directors (Fellows and Associate Fellows) of any pre-existing health conditions, and to help determine if consultation with your physician is recommended prior to departure. If you have a pre-existing condition, participation in some programs or activities may not be recommended, and the College may require approval of your health care provider. By signed this release you are authorizing the sharing of this information with your program director and other Defiance College personnel as necessary or appropriate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### I. REQUIRED INFORMATION

Last Name: \_\_\_\_\_ First & Middle Name: \_\_\_\_\_  
Please print

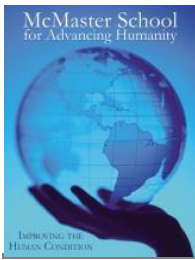
Email Address: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex: Male \_\_\_ Female \_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Local Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Passport Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
(Attach a copy of passport to this application if traveling outside the Country)



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## Travel Application for Non-Student Participant

HEALTH INSURANCE: All participants are required to have health/accident insurance coverage.

Name, address of the insurance company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ *(Attach a copy of your insurance card.)*

### HEALTH INFORMATION:

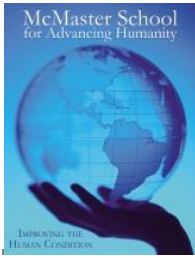
Because even mild pre-existing health conditions can potentially become serious under the stresses of living and working in an unfamiliar environment, it is important to consider any factors that might limit your ability to participate fully in a particular program, require accommodations in order for you to participate fully, or pose a danger to the health and wellbeing of you or others. It is in your interest to provide a candid evaluation of yourself below.

1. Has your physical activity been limited at any point in the past five years? Yes \_\_\_ No \_\_\_  
If yes, please explain below.
2. Have you consulted or been treated by a health care professional, other than for a routine check-up, at any point in the past five years? Yes \_\_\_ No \_\_\_ If Yes, please explain below.
3. Have you ever been hospitalized or had an acute physical or mental health condition? Yes \_\_\_ No \_\_\_  
If yes, please explain below.
4. Do you have any allergies? Yes \_\_\_ No \_\_\_ If Yes, please explain below.
5. Will you need to take medications while participating in the program? Yes \_\_\_ No \_\_\_  
If yes, please explain below.

Name of Medication:	Purpose or Treatment For:

6. Do you have any health conditions, other than those identified above? Yes \_\_\_ No \_\_\_ If Yes, please explain below.

7. Do you have a disability that will require accommodation during your participation in the program? Yes \_\_\_ No \_\_\_ If Yes, please explain below.



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OTHER PHYSICAL INFORMATION:

1. Can you swim? Yes \_\_\_ No \_\_\_
2. Date of your last tetanus shot? \_\_\_\_\_ [Attach immunization record to this form.]
3. Indicate your level of fitness:  
\_\_\_\_\_ little or no exercise on a regular basis  
\_\_\_\_\_ occasional exercise 1 or 2 times a week  
\_\_\_\_\_ vigorous exercise 3 times a week or more
4. Are you currently certified in (mark all that apply) First Aid \_\_\_ CPR \_\_\_ Adv. Lifesaving \_\_\_  
EMT \_\_\_

TRAVEL INSURANCE INFORMATION **IF TRAVELING OUT OF THE COUNTRY:**  
*(to be completed by the McMaster School Office)*

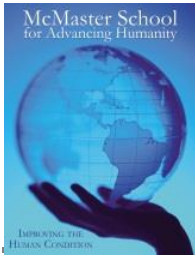
Name, contact information for the insurance company: \_\_\_\_\_  
\_\_\_\_\_ Policy Number: \_\_\_\_\_

**II. AFFIRMATION**

I affirm that the information that has been provided by me is accurate and complete. I understand that failure to disclose relevant information could affect my own safety and the safety of those around me, and I agree to indemnify and hold Defiance College and its trustees, officers, employees, agents and representatives harmless from and against any and all claims, demands, actions, suits and proceedings arising out of my failure to provide full disclosure.

I have read and I understand this statement.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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### CONDITIONS FOR PARTICIPATION AND RELEASE OF LIABILITY

Name \_\_\_\_\_ Program: MCMASTER

***Please read carefully and provide necessary signatures.***

I do desire and intend to participate in Defiance College's McMaster School program opportunity.

I understand that there are certain dangers, hazards, and risks inherent in domestic and international travel and the activities included in the Program, and I agree to assume all risks and responsibilities related thereto. I hereby waive, release and forever discharge all claims against Defiance College, its Trustees, officers, agents, employees, and its McMaster School program, from any and all claims, demands, causes of action and obligations to me, my heirs, executors and assigns for any injury, loss, damage, accident, delay or expense resulting from my participation in the Program, including, but not limited to, that which may result from airplane crashes, motor vehicle accidents, terrorist incidents, political unrest, strikes, criminal acts, weather, sickness, quarantine, government restrictions or regulations as well as any other risks that may not be foreseeable.

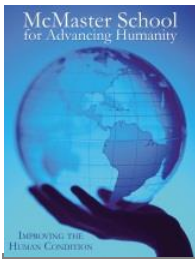
I do further agree to indemnify and save harmless Defiance College, its Trustees, officers, agents, employees, and the McMaster School program, with regard to any financial obligations or liabilities that I may personally incur or any damage or injury to my person or property or to the person or property of others that may occur while participating in the McMaster School program including attorney's fees and court costs.

I understand that Defiance College, its McMaster School program, officers, agents and employees are not responsible for any injury or loss whatsoever suffered by me during periods of independent travel, and the McMaster School program has full authority to take whatever action it may consider to be warranted under the circumstances regarding my health and safety, and I fully release each of them from any liability for such decisions or actions as may be taken in connection therewith. In the event that the McMaster School program or its agents advance or loan any monies to me or incur special expense on my behalf while I am abroad, I agree to make immediate repayment upon my return.

I understand that poor road conditions, different traffic laws and regulations, and varying insurance requirements can make driving motor vehicles in foreign countries extremely hazardous. If I rent or operate a vehicle, I agree that such activity is totally voluntary and that I am solely responsible for any and all claims, damages, demands or resulting legal action that may occur.

I understand that the program director has the right to enforce appropriate standards of behavior and that I may be dismissed from the Program at any time for failing to abide by such standards.

I understand that while I am a visitor in a foreign country, I will be subject to the laws of that country and that any breaches of the local law of the host community or country are punishable by the appropriate local law enforcement authorities.



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I hereby assure Defiance College that I have consulted with a health care provider with regard to my personal medical needs such that I can and do further state that there are no health-related reasons or problems which preclude my participation in the Program.

I understand that I am responsible for and that I am required to maintain adequate health, life, accident and repatriation insurance coverage while I am a participant in the McMaster School program.

In the event I suffer any injury or illness that renders me incapacitated or otherwise unable to make personal medical decisions while participating in the McMaster School program, I hereby authorize the College to take whatever action at their discretion is deemed necessary without my consent for treatment in a hospital or in the care of a local doctor. If necessary or desirable, I also authorize them to transport me back to the United States for medical treatment. I hereby release the College and its representative Program(s) from any liability associated with the treatment, treatment outcome, or such transport. I agree that I will be fully responsible for any and all expenses, including transportation costs, associated with or in any way related to my medical care.

I understand that in the event that I choose to cancel my enrollment or voluntarily withdraw from the Program at any time, I agree to abide by the terms set forth under the Cancellation Policy in the itinerary/brochure or other related document. I understand that it is my responsibility to read the itinerary/brochure-related documents carefully before signing this Agreement.

I understand Defiance College, its McMaster School program, Trustees, officers, agents and employees reserve the right to cancel trips, and to make changes or alterations in the program and itineraries at any time as may be required because of emergency, changed conditions or the College's determination that such changes or alterations are in the best interest of the McMaster School program or its participants. I further understand Defiance College, its trustees, officers, agents and employees are not responsible for changes or alterations to or cancellation of McMaster School program by host institutions.

In signing this Release, I acknowledge and represent that I have become fully informed of the content of this Waiver of Liability and Hold Harmless Agreement by reading it before signing it, and by signing this document as my own free act and deed confirm that this Agreement contains the entire Agreement and that I have not relied on any oral representations, statements, or inducements, apart from the foregoing written statement that have been made.

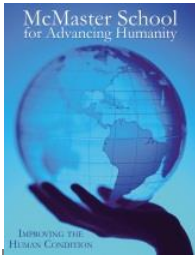
I agree that any disputes concerning my participation in the Program or the interpretation of this Agreement shall be determined in accordance with the laws of the State of Ohio and that, should any provision or aspect of this Agreement be found to be unenforceable, and that all remaining provisions of the Agreement will remain in full force and effect.

**THIS IS A RELEASE OF LEGAL RIGHTS, READ AND UNDERSTAND BEFORE SIGNING**

***I have read this Agreement, thoroughly understand it, and have asked questions if I did not understand it. My signature below indicates my complete and willful consent.***

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date



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### FINANCIAL AGREEMENT

Initial to the left of each statement and provide signature below.

\_\_\_\_\_ I understand the **Defiance College Withdrawal Policy** that follows:  
If I choose to withdraw from a program after official acceptance I must submit a letter of withdrawal to the McMaster Office. Withdrawals are effective as of the day the form reaches the McMaster Office. I understand that I will be financially responsible for any portion of the program fees, including but not limited to airfare and accommodations already expended by the McMaster School Program on my behalf.

\_\_\_\_\_ I understand the **Defiance College Withdrawal Policy** that follows:  
If I am dismissed from a program for failure to complete the pre-departure program requirements or for academic, disciplinary or health reasons I will be responsible for any expenditures made by the McMaster School Program on behalf or related to the participant's expected participation in the program.

\_\_\_\_\_ I understand that while traveling I am financially responsible for select meals (as determined by the program) and optional admission fees/excursions.

\_\_\_\_\_ I understand that I will pay for any required immunizations and/or medications required and / or recommended for travel to the host location.

\_\_\_\_\_ I understand that I will pay for obtaining a valid passport and visa (if applicable) if the program travel takes place out of the United States.

\_\_\_\_\_ I understand that I will provide the DC Business Office any co-payment associated with this trip to be paid in full at least 2 weeks prior to departure.

\_\_\_\_\_ I understand that I will reimburse the DC Business Office for travel insurance obtained to cover my participation in this program 2 weeks prior to trip departure.

**My signature indicates that I have read, understand, and agree to the financial obligations listed above.**

**Participant Name:**

\_\_\_\_\_   
Print

\_\_\_\_\_   
Date

\_\_\_\_\_   
Signature