

Eligibility and requirements for participation:

- Students must have a minimum of a 2.5 grade point average and must meet any course/travel prerequisites.
- Students must not be on academic or disciplinary probation and must be in good academic and financial standing with the institution. The College has the right to screen students' academic and disciplinary histories, which may be considered in the selection process. Students placed on academic or disciplinary probation after being accepted into a program will not be eligible to participate.
- Once selected as an Imagine Initiative participant the student must turn in a complete Travel Application, which consists of: the Application Form, the Financial Agreement, the Emergency Contact Form, the Medical Information Form and the Conditions for Participation and Release of Liability Form.
- The student must submit proof of health insurance coverage.
- The College has the right to cancel programs with low enrollment.
- **For International Initiatives**, the student must also submit a copy of their passport and immunization record.

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 driving a DC vehicle*)
 - 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 Release of Liability
- Financial Agreement
- Smart Traveler Enrollment Program (STEP) (*if traveling out of Country*)

EMERGENCY CONTACT INFORMATION

Name: _____ **Trip Name:** _____
Print

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

Emergency Contact #1

Name of parent(s)/legal guardian(s): _____

Relationship to Participant: _____

Address: _____

Home Phone: (____) _____ Cell: (____) _____ Work: (____) _____

Email Address: _____

Emergency Contact #2

Name of parent(s)/legal guardian(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 parent/guardian and 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.

Student's Signature: _____ Date: _____

APPLICATION FORM

Trip Name: _____

PART I: Student Information

Last Name: _____ First & Middle Name: _____

Defiance College ID#: _____ Major: _____

Sex: ___ Male ___ Female Graduation Year: _____ GPA: _____

Email Address: _____

Local Phone: (____) _____ Cell Phone: (____) _____

Passport number: _____ Date of birth: _____

[IF TRAVELING OUT OF THE COUNTRY attach a copy of passport to this application.]

Parent/Guardian Name: _____

Home Mailing Address: _____

Home Phone: (____) _____ Parent/Guardian Email: _____

PART II: References

Please list the names of (2) two references, including titles, phone numbers. References cannot be parents or legal guardians. One reference must be a Defiance College faculty member with whom you have taken a class; the other can be another faculty member or an administrator, coach, or staff member.

1. Name: _____ Title: _____

Phone Number: (____) _____

2. Name: _____ Title: _____

Phone Number: (____) _____

MEDICAL INFORMATION AND RELEASE FORM

DISCLOSURE

The Defiance College Imagine Initiative Programs involve a variety of activities in settings that are generally unfamiliar to students. 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 Imagine Initiative Programs is to provide students with new awareness about themselves as well as others.

Participation in the Program involves risks not found in study at the College, with 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 Imagine Initiative Program directors 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 directors and other Defiance College personnel as necessary or appropriate.

Signature: _____ Date: _____

I. REQUIRED INFORMATION

Name _____
Please print

Age: _____ Date of Birth: ____/____/____

Sex: _____ male _____ female Height: _____ Weight: _____

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. (If more space is needed, please use back of form)

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.

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: _____

Signature of Parent or Legal Guardian (if under 18 years of age) _____

**CONDITIONS FOR PARTICIPATION AND
RELEASE OF LIABILITY**

Name _____ Trip Name _____

Please read carefully and provide necessary signatures.

1. PROGRAM COSTS: I understand that if my program takes place outside the United States that I am responsible for securing a valid passport for the time of travel. I also understand that if my program takes place outside the United States that Defiance College will enroll me in travel insurance that covers medical evacuation and repatriation of remains. I agree to reimburse the College for such coverage.

2. PERSONAL CONDUCT AND COMPLIANCE WITH RULES, REGULATIONS AND LAWS: Defiance College, through its representatives, including but not limited to the Program Directors, has the authority to establish rules of conduct necessary for the operation of the program during the entire period of the program, including free time. I understand that this is a supervised Defiance College program and that all Defiance College policies and procedures, as well as the social and behavioral standards set by the College and by the Program Directors are to be observed. Failure to observe these standards will result in termination of my participation in the program and/or disciplinary sanctions. The illegal use of drugs and/or alcohol during the entire period of the program, including free time, is strictly prohibited. Should a representative of Defiance College decide that I must be dismissed from the program because of violation of the aforementioned requirements, for disruptive behavior, or for any conduct that might bring the program into disrepute or its participants into jeopardy, such decision will be final, and I will remain subject to any disciplinary sanctions that may be assessed in accordance with applicable College policies and procedures. In the event that I am dismissed and/or sent home for any reason while the program is in progress, I understand that I will return at my own expense. Dismissal from the program will result in the loss of all academic credit for the program. I agree to respect and adhere to the laws and customs of the host location(s) and understand that violation of, or disrespect for, those laws and customs may result in my dismissal from the program as described above. Furthermore, I acknowledge that the violation of such laws and customs may have legal or other ramifications with consequences beyond the control of Defiance College or the U.S. Government.

3. PROGRAM REQUIREMENTS: I understand that I am required to satisfy all Imagine Initiative program and course requirements as outlined relative to the travel program by the program directors and in the case of an accompanying course - the course syllabus.

4. INSURANCE COVERAGE: I understand that I am required to have accident and major medical insurance that covers me no matter where I am. I also understand that if my program takes place outside the United States that Defiance College will enroll me in travel insurance that covers medical evacuation and repatriation of remains. I agree to reimburse the College for such coverage. I agree to read the travel insurance policy before I leave the country.

5. MEDICAL TREATMENT: I understand that all health, physical, physiological, or psychological conditions must be described on the Medical Information Sheet. I also understand that a failure to disclose information that might have an impact on my ability to participate fully in the program will be considered grounds for disciplinary action under the terms of the Student Handbook, **Expectations of Student Conduct** which states that "Knowingly furnishing false academic or personal information to, or withholding information from college officials; forgery; or tampering with College documents, records, and identification cards with the intent to deceive or defraud."

In the event of illness or injury to me to such an extent that I am unable to make decisions relative to my immediate medical condition, I authorize any representative of Defiance College to secure medical treatment on my behalf, including without limitation surgery and administration of an anesthetic, I accept all financial responsibility for such treatment, and I release the College and its related parties from any responsibility or liability arising out of such actions to the extent provided in Paragraph 11 below. I understand that the Program director(s) has/have the right to decide if, as a result of illness or injury, I should return home before the completion of the program. If I have to return home, I will be responsible for any additional costs not covered by the travel insurance.

6. RESPONSIBILITY DURING FREE TIME: I understand during free time within the period of this program is limited however I agree to inform the Program director(s) of my whereabouts. I understand that I am fully responsible for my actions and that when acting independently neither Defiance College nor its trustees, agents, employees or representatives are responsible for me during this time.

7. TRAVEL: I understand that I am expected to travel with the group as stipulated in the program itinerary and any specific individual arrangements must be coordinated with the Program director(s) before finalizing. I understand that I will be traveling during the program by various modes of transportation including but not limited to airplane, train, bus, or van, and I release Defiance College and its related parties

from any responsibility or liability arising out of such travel to the extent provided in Paragraph 11 below. If I become separated from the program group, fail to meet a departure during the program, or become sick or injured, I will at my own expense seek out transportation to meet up with the group at its next available destination. If I become sick and / or injured and am unable to continue the program, I understand that I may be asked to return home and will be responsible for the costs of doing so.

8. UNFORESEEN CIRCUMSTANCES: I recognize that in cases of political unrest; natural disaster or other unforeseen events, a representative of Defiance College will attempt to take reasonable measures for the protection of program participants. I understand that Defiance College and its trustees, agents, officers, employees and representatives assume no responsibility for damage to or loss of property, or for injury or death, arising out of such events.

9. PASSPORT, VISA, AND IMMUNIZATIONS: I understand that if a passport is required for travel, I will supply the McMaster School for Advancing Humanity, Defiance College a copy of my passport. I am responsible for all costs associated with securing a valid passport and any immunizations that might be recommended or required. If I am required to have a visa for travel to the host location, I may be required to secure the visa and I may be responsible for the cost of the visa, as determined by the McMaster School for Advancing Humanity, Defiance College.

10. ENROLLMENT: I understand that the College reserves the right to establish minimum and maximum enrollment for the Programs, to establish the selection procedures for acceptance, and to cancel a program at any time which does not have the minimum enrollment or for other reasons including but not limited to safety and security concerns.

11. ASSUMPTION OF RISK, RELEASE, WAIVER AND COVENANT NOT TO SUE: I understand that travel to and from, presence at, and participation in programs at different locations, whether within or outside of the United States, involves risks of injury and property loss or damage, including possibly short-term and long-term disability, and even death. These risks can come from causes which are many and varied, may not be presently foreseeable, and may include negligent or intentional acts or omissions of others. Among other things, I understand that the social, cultural, political, religious, governmental, health care, legal (both civil and criminal) and other systems, as well as the climate and geophysical characteristics, of the program locations(s) may be different from those to which I am accustomed. For example, police, fire and other governmental systems may be inadequate by United States standards in certain countries; and the quality and availability of health care may be very different than what is typically available in the United States. I voluntarily acknowledge, accept and assume all risks of my participation in the program, whether or not described above or otherwise presently foreseeable and whether or not caused by negligent or intentional acts or omissions of others. In consideration of being allowed to participate in the program, I release Defiance College and its trustees, officers, employees, agents and representatives from any and all claims, causes of action and damages (collectively "Claims") I may have in the future, waive all such Claims, and agree not to sue the College or its trustees, officers, employees, agents and representatives for any such Claims, which may arise out of my participation in the program, including without limitation Claims resulting from the negligence of any of the aforementioned persons or entities.

12. MISCELLANEOUS; I understand and agree that this Agreement is to be as broad and inclusive as permitted by the laws of the State of Ohio, and that if any portion of this Agreement is held invalid, the remaining terms shall continue in full force and effect. This Agreement and any obligation assumed by me in other forms or agreements related to the program are cumulative and shall not be deemed to supersede one another. This Agreement shall be binding upon me, as well as my successors, executors, personal representatives, heirs and assigns.

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

Parent/Legal Guardian Signature of Participants Under 18 Years of Age (Parent or legal guardian signature is required below.) As the parent(s) or legal guardian(s) of the participant whose signature appears above, I/we have read and understand the conditions outlined above, and have given my/our child or ward permission to participate in the program. My/our signature(s) below shall constitute my/our agreement to the terms and conditions of this Agreement on behalf of the participant to the extent required by applicable law, as well as my/our agreement to the provisions set forth in Paragraph 11 above with respect to any right I/we may have or subsequently acquire as a result of the participant's participation.

 Signature of Parent/Legal Guardian

 Date

 Signature of Parent/Legal Guardian

 Date

FINANCIAL AGREEMENT

Initial to the left of each statement and provide student 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 Defiance College 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 Defiance College on behalf or related to the student'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 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.

Student Name:

Print

Date

Signature