

**THE EVERGREEN STATE COLLEGE
TRAVEL WAIVER, RELEASE, &
INDEMNITY AGREEMENT**

Complete all items 1-11 on the following two pages.
Submit forms per the instructions at the end of page 2.

1. Quick Reference Data

Name _____

Evergreen ID A _____

My study abroad is through a(n):
 Academic Program Learning Contract
 Consortium Program Internship Contract

Program Name _____

Destination Countries _____

Quarter(s) F _____ W _____ SP _____ SU _____
 Year(s) 08 _____ 09 _____ 10 _____ 11 _____ 12 _____

E-mail _____

2. Student International Contact Information

E-mail abroad _____

Phone abroad _____

Address abroad _____

3. Primary U.S. Emergency Contact

Name _____

Relationship _____

Phone 1 _____

Phone 2 _____

E-mail _____

Address _____

4. Secondary U.S. Emergency Contact

Name _____

Relationship _____

Phone 1 _____

Phone 2 _____

E-mail _____

Address _____

5. Registration and Records (Seminar I Room 3113)

I have reviewed the emergency contact information for this student and it is correct and updated in the system.

Signature, Registration & Records Staff Date

6. Medical Insurance

Company _____

Policy Holder _____

Policy Number _____

Effective Dates _____

7. Travel Itinerary (Student may attach a separate itinerary.)

Departure from US

Date _____ Time _____

Airlines _____ Flight _____

Departure City _____

Destination 1 _____

Destination 2 _____

Return to US

Date _____ Time _____

Airlines _____ Flight _____

Departure City _____

Destination 1 _____

Destination 2 _____

Other major travel during study period:

8. Office of International Programs (Advising F-103)

The Office of International Programs will provide you with pre-departure information and document your study abroad plans.

Pre-departure Handbook Document Plans

Signature, International Programs Staff Date

9. Confidentiality Release Statement

The information I have provided is protected for students in keeping with the guidelines of the Family Educational Rights and Privacy Act (FERPA). However, certain emergency situations abroad may require Evergreen to contact and/or release information to my listed emergency contact persons, parents, or other relatives, and I hereby expressly authorize such contact or information release.

Signature of Student Date

Printed Name _____

