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
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 I
Phone 2
E-mail
Address
4. Secondary U.S. Emergency Contact
Name
Relationship
Phone I
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 I Destination 2 Return to US Date _____ Time ____ Airlines _____ Flight _____ Departure City _____ Destination I 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 _____

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10. Travel Waiver and Indemnity Agreement Read and initial each section carefully

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I,	
hereby affirm that I have voluntar	rily enrolled in a(n):
Academic Program	Consortium Progran
Individual Learning Contract	Internship Contract
(Title)	
sponsored by (faculty)	
in (country)	
from (date) to	(date)
I certify that I am cognizant of with participating in this praccidents, illness, civil strife, terroinjury, illness or damage which must be neither. The Evergreen States	ogram/contract including orism, and any other harm ay befall me. I understand

risks. _____

<u>I further acknowledge and understand</u> that my decision to take part in this program/contract is not a requirement for completing my degree at Evergreen. I understand that other options are available, which would enable me to earn my degree.

<u>I understand</u> that it is my responsibility to have a medical examination to assure myself that I am physically fit and capable of participating in this program/contract, and I assume all risks for failing to do so. I verify that I have received all the recommended vaccinations appropriate to my travel destination.

<u>I understand</u> that if I am a student with a documented disability that it is my responsibility to have an accommodation plan on file with the Office of Access Services for Students with Disabilities in a timely manner – at least three months before departure.

In consideration of being allowed to participate in this program/contract, I hereby personally assume all risks in connection with said program/contract, and I further release and hold harmless the State of Washington, Evergreen, Evergreen faculty and agents for any harm, injury or damage which may befall me, including all risks connected therewith, whether foreseeable or not. Further, I understand and agree that neither the State, Evergreen, instructors, nor agents thereof, may be held liable by me or my family, estate, heirs, or assigns, in any way for any negligence in connection with the program/contract which may result in my injury, death, or other damages. ______

<u>I further state</u> that I am eighteen years of age or older and legally competent to sign this affirmation and release; that I understand the terms herein are contractual and not a mere recital; and that I have signed this document and knowingly assume the risks inherent in this program/contract. The terms of this document shall serve as a release and assumption of risk for myself, my heirs, executor and administrators and for all members of my family.

<u>I have fully informed</u> myself of the contents of this affirmation and release by reading it before I signed it. I acknowledge that this release must be completed, signed and submitted before departure. I have read and completed the study abroad pre-departure check list.

<u>I have attached</u> a copy of the:

A. State Department Travel Warning List

http://www.travel.state.gov/travel/cis_pa_tw/tw/tw_I764.html

B. State Department Consular Information Sheet

http://www.travel.state.gov/travel/cis_pa_tw/cis/cis_I765.html

for the countries I will be visiting, and I understand their

contents. ______

11. Signatures

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT.
Student Signature Date
City, state where signed
Parent/Guardian signature required for students under age 18.
Parent/Guardian Signature(s) Date
City, state where signed
Academic Dean: I have discussed the above, the State Department Travel Warning, and the Consular Information Sheet with the student.
Signature, Academic Dean or Representative Date

Submitting Forms

<u>Contracts & Internships</u>: Consult about your completed contract, waiver, and State Department Sheets with the Dean of International Studies in **Seminar II D-4107**

<u>Consortium Programs:</u> Turn completed waiver in to the International Programs Office in **Academic Advising F-103**

<u>Academic Programs:</u> Submit forms to **Program Faculty** or as directed.