

Travel Registration Packet

Office of Global Opportunities, Ohio University

PLEASE SUBMIT THIS PACKET, PLUS YOUR FLIGHT ITINERARY AND A COPY OF YOUR PASSPORT, TO OGO AT LEAST 3 WEEKS PRIOR TO DEPARTURE.

*OCOM students must return materials to the Global Health Office, E118 Grover Center

Personal Information.

Last, First Name

PID (P#####)

Email Address

Travel Information.

Trip Coordinator or Sponsor: _____

Purpose of Trip (e.g. research, conference, athletics, student club, volunteer):

Are you a program assistant for an existing study abroad program? yes no

Number of Credit Hours to be received (if applicable): _____

Destination City, Country: _____

Start and End Date of Travel: _____ to _____

Address Abroad (if known): _____

Phone Number Abroad, including country and city codes (if known): _____

If you do not have your foreign address and phone number at the time of completing this form, please email this information to global.opportunities@ohio.edu as soon as it becomes available.



OHIO
UNIVERSITY

Office of Global Opportunities

Walter International Education Center
15 Park Place
1 Ohio University
Athens OH 45701-2979

Personal data.

Name: _____
(Last) (First) (Middle)

Date of Birth (month/day/year): _____ PID: _____

Country of citizenship: _____ Gender: Male Female

Major: _____ Minor (if applicable): _____

College of Enrollment (e.g. Arts & Sciences): _____

Anticipated academic rank when trip begins (circle one): Fr So Jr Sr M.A./M.S. Ph.D.
OCOM I OCOM II

Local or Campus Address: _____ Telephone: _____

City: _____ State: _____ Zip: _____ Valid through _____

Permanent Address: _____

City: _____ State: _____ Zip: _____ Permanent Telephone: (_____) _____

Emergency Contacts. We strongly recommend that one of your emergency contacts be the holder of a valid passport.

Contact 1: Last, First Name Relationship Email Address

Address Street City State Zip

(_____) (_____) (_____) _____
Home Phone Work Phone Fax

Contact 2: Last, First Name Relationship Email Address

Address Street City State Zip

(_____) (_____) (_____) _____
Home Phone Work Phone Fax

Contact 3: Last, First Name Relationship Email Address

Address Street City State Zip

(_____) (_____) (_____) _____
Home Phone Work Phone Fax

Which of your emergency contacts is the holder of a valid passport? (check all that apply)

Contact 1

Contact 2

Contact 3

Ethnicity (optional). We want to know if international opportunities are reaching a diversified student population. The following information is optional. Please check all that apply.

- African-American American Indian/Alaska Native Hispanic-American
 Asian-American or Pacific Islander White, non-Hispanic Multi-racial Foreign National

Confirmation of Embassy Registration

The Office of Global Opportunities requires that you register online at the Embassy or Consulate in your host country before you leave. Below are instructions for registering online.

You will need your passport number and an address abroad to register your trip.

- Go to www.travel.state.gov.
- Click on “Smart Traveler Enrollment Program (STEP).”
- Read this information describing what Consular Services can do for you. Click on “Smart Traveler Enrollment Program” and follow the directions to “Create an account.”
- Once you have completed your profile, click on “Add a trip.” Enter the details of your upcoming trip.
- **For non-US citizens only: Contacted the embassy of your home country to find out about registration and other services offered. If possible, register with your embassy in host country.**

I confirm that I have registered with the Embassy for the duration of my time abroad. _____
initial here

Confirmation of Health Insurance Enrollment

The Office of Global Opportunities will enroll you in mandatory study abroad health insurance provided by University Health Plans (UHP). The policy provides coverage for your benefit, including health insurance, medical repatriation, accidental death and dismemberment, repatriation of remains, and medical and security evacuation.

I acknowledge my responsibility to understand the conditions and limitations of this coverage and agree that Ohio University is not responsible for any uninsured losses. I understand that I will only be enrolled for the time period indicated below. If I plan to extend my travel abroad, I may choose to extend the period of coverage at my own expense. The cost of coverage is \$1.24/day (subject to small increases on an annual basis).

Details about the benefits of this policy can be found here: <http://www.ohio.edu/goglobal/General/healthsafety.html>

If you choose to extend your coverage while you are abroad, you must send an e-mail from your OHIO email account to global.opportunities@ohio.edu.

I would like my coverage to include the following dates: _____ to _____
month/day/year month/day/year

Initial Here _____

Confirmation of International SOS Access to Services and Notice of Possible Charges to Student Account

Whether you are traveling on a study abroad program or completing an independent project abroad, you may find cause while abroad to seek travel assistance, security advice, or evacuation services from International SOS (ISOS), a company with which OHIO has contracted for security advice and access to security and evacuation services.

ISOS offers you a network of services for immediate help in any emergency. Services range from telephone advice and referrals to full-scale evacuation by private air ambulance. The ISOS network of multilingual critical care and aero-medical specialists operates 24 hours a day, 365 days a year from ISOS Alarm Centers around the world. Access to ISOS is designed to supplement the policies, procedures and support staff that the university already has in place.

If you are traveling and/or unable to reach your program staff, you should contact ISOS for non-medical security situations. Their staff will begin to meet your needs immediately while coordinating services with OHIO.

ISOS and Your UHP Health Insurance

UHP works directly with ISOS to provide coverage for medical and security related events. ISOS should be your first point of contact when accessing the services listed below.

Should you have any questions about ISOS, please call **740-593-4583** or email global.opportunities@ohio.edu.

To view UHP-covered PROGRAM BENEFITS: <http://www.ohio.edu/educationabroad/general/healthsafety.html#name>.

Please be aware that those ISOS services not covered by UHP insurance come with an additional charge. Should you activate a service that has an additional charge, you authorize Ohio University to bill your student account for this charge. Please note that such charges may not appear on your account until after you have returned from your time abroad.

We suggest you log in to ISOS's web site prior to travel:
http://www.internationalsos.com/members_home/login/login.cfm

Use your membership number (**11BCAS000010**) as your member login. In addition to the information covered at orientations conducted by OHIO or other organization with which you are traveling, the ISOS comprehensive guides provide both medical, security and general travel advice, such as information on the standard of health care, how to pay for medical care, the availability of medications, safety of the blood supply, embassy/visa information, dialing code information, cultural etiquette and financial and voltage/plug information.

I acknowledge my responsibility to understand the conditions and limitations of this service and agree that Ohio University is not responsible for any expenses I may incur as a result of activating a service that has an additional fee. Additionally, I understand that International SOS is not an insurance provider but rather provides access to information and services; insurance coverage is provided by UHP. I understand I may be billed for services utilized through International SOS that are not covered by the university's policy with UHP.

Signature

Date

Parent/Legal Guardian Signature: _____
(If Participant is under 18 years old)

Parent/Legal Guardian Printed Name: _____
(If Participant is under 18 years old)

Waiver, Release and Indemnification Agreement

In consideration for permission to participate in this global opportunity activity (the "Activity"), I knowingly and voluntarily:

- acknowledge that there are unavoidable risks and dangers to my health and personal safety related to traveling overseas, including the possibility of domestic or international terrorism, civil unrest, political instability, disease, public health conditions, crime, violence, hijacking, and kidnapping; I further understand and acknowledge that Ohio University cannot guarantee my safety or the safety of my property while traveling abroad;
- represent that I have reviewed the information at the U.S. Department of State website, www.travel.state.gov, and the International SOS website, www.internationalsos.com (member ID: 11BCAS000010), that is specific to the country or countries where I will be traveling and understand the additional risks and dangers present in this country or countries;
- acknowledge that travel to a country under a travel warning from the United States Department of State carries heightened risks and that permission from Ohio University to travel in such a country is neither an endorsement nor an assurance of the advisability or safety of such travel;
- acknowledge that political, social, and/or public health circumstances can change quickly in a country and it may be necessary for Ohio University or other entities to suspend travel in or to a country;
- acknowledge that the laws of the country or countries where I will be traveling may not provide for due process and individual rights to the same extent as the laws of the United States; I further understand that if I violate the laws of any country I visit, Ohio University cannot represent me or my legal interests;
- acknowledge that health care, medicines and related services may not be as readily available, or of a quality comparable to those in the United States;
- acknowledge that transportation may not be as reliable or subject to the same safety standards applicable to public carriers in the United States;
- acknowledge that public safety personnel in foreign countries may not provide a level of personal security comparable to that in the United States
- represent that I am not aware of any medical reason why I should not participate in the Activity;
- acknowledge that any University personnel or agents participating in the Activity are not necessarily medically trained to care for any physical or medical problems of individuals participating in the Activity;
- agree to follow all the safety procedures and instructions of any Activity coordinators; and
- acknowledge that my participation in the Activity is entirely voluntary.

In consideration for permission to participate in the Activity, I, on behalf of myself, my heirs and assigns, knowingly and voluntarily assume all risks associated with the Activity, assume full responsibility for any losses, damages or personal injury, including death, that may be sustained by me as a result.

I further release and forever discharge the University, and its trustees, officers, employees, and agents from all legal claims for injuries, damages, or losses of any kind, which may arise out of my participation in this Activity, to the fullest extent permitted under law, including claims of negligence on the part of the University, but not for injuries, damages or losses resulting from the University's gross negligence, or willful or wanton conduct.

I further agree to indemnify and hold harmless the University, its trustees, officers, employees and agents for any injury, damage, or losses of any kind, including court costs and attorneys' fees that may result from my negligent or intentional act or omission while participating in the Activity.

This Waiver, Release and Indemnification Agreement shall be construed in accordance with the laws of the State of Ohio.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY LOSS, DAMAGE OR INJURY, INCLUDING DEATH, WHETHER OR NOT KNOWN OR ANTICIPATED, THAT OCCURS WHILE PARTICIPATING IN THE ACTIVITY AND THAT IT OBLIGATES ME TO INDEMNIFY THE UNIVERSITY, ITS TRUSTEES, OFFICERS, EMPLOYEES AND AGENTS FOR ANY LIABILITY FOR ANY INJURY, DAMAGE OR LOSSES OF ANY KIND CAUSED BY MY NEGLIGENT OR INTENTIONAL ACT OR OMISSION WHILE PARTICIPATING IN THE ACTIVITY.

I verify that I am at least eighteen (18) years of age and fully competent to sign this Agreement.

Signature

____/____/____
Month Day Year

Name (Please print)

To be completed if participant is under 18 years old:

Recognizing the possibility of injury, including death, damage or loss resulting from the Activity and for the University accepting the participant for the Activity, I hereby release, discharge and/or otherwise indemnify the University, and its trustees, officers, employees and agents against any claim by or on behalf of the participant as a result of the participant's participation in the Activity. I further warrant that I am authorized to sign the form on behalf of the participant.

Parent/Legal Guardian Signature: _____
(If Participant is under 18 years old)

Parent/Legal Guardian Printed Name: _____
(If Participant is under 18 years old)

Conditions of Participation.

I, the undersigned, do hereby accept my participation on this global opportunity activity (the "Activity") and agree to all terms and conditions of the Activity. Furthermore, I verify that I am at least eighteen (18) years of age and fully competent to sign this agreement.

1 Personal Conduct. I agree to participate in all aspects of the Activity, including pre-departure and on-site orientation, instruction, excursions, and evaluation, if available and applicable. I understand that Ohio University and its representatives have the authority to establish rules of conduct necessary for the operation of the Activity during the entire period of the program. The Ohio University Student Code of Conduct also applies to me whether I am in the U.S. or abroad. Should I violate stated rules, the Ohio University Student Code of Conduct, or the laws of the state or host country or any other state or country I may visit while off-campus, demonstrate disruptive behavior, or through my conduct bring the Activity or its participants into disrepute or legal or physical jeopardy, I may be removed from the Activity and/or face other sanctions. If I am dismissed from the program, I will lose all academic credit, if applicable, and may remain responsible for all Activity expenditures.

2 Insurance Coverage. I understand that I will be enrolled in the mandatory study abroad health insurance by Ohio University for the duration of the trip. The policy provides coverage for my benefit, including health insurance, accidental death and dismemberment, repatriation of remains, and medical evacuation. I acknowledge my responsibility to understand the conditions and limitations of this coverage and agree that Ohio University is not responsible for any uninsured losses.

3 Medical Treatment. In the event of illness or injury to me, I authorize any official representative of Ohio University to secure medical treatment on my behalf, including surgery and the administration of an anesthetic, and I accept all financial responsibility for such treatment. I also understand that by the nature of this Activity, there may be no Ohio University official representative involved to help secure medical treatment.

4 Independent Travel. I understand that neither Ohio University nor its staff is responsible for me while I am traveling independently.

5 Permission to Share Information. I give Ohio University and its representatives permission to communicate internally and with my parents, host institution abroad, and/or other emergency contact person (as specified in this form) regarding all issues surrounding the Activity. This may include but is not limited to student account information, student conduct issues, health and safety, grades or academics; such contact may occur before, during or after the Activity.

6 Photo Release. I give Ohio University and its representatives permission to make use of photographs bearing my image in both print- and web-based program materials for educational, non-commercial promotion.

I understand that all Ohio University Policies and Procedures are subject to change, and it is my responsibility to be informed of all University policies pertaining to students enrolled at Ohio University. I certify that all responses made on this application are complete, true and accurate, and I will notify the Office of Global Opportunities hereafter of all relevant changes that may occur prior to the start of the program. I hereby acknowledge that I have read, fully understood, and agree to the policies as stated above.

Signature

_____/_____/_____
Month Day Year

Name (Please print)

Parent/Legal Guardian Signature: _____
(If Participant is under 18 years old)

Parent/Legal Guardian Printed Name: _____
(If Participant is under 18 years old)

Ohio University does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs and activities.