Faculty-Led International Field Trip
Student Checklist

- Student Conditions of Participation Agreement and Release

- Insurance Registration Form
  (Office of International Programs will provide information necessary to contact insurance company. The cost of insurance will be paid by the student to the department office, prior to departure. The department will send the total amount to the Office of International Programs (OIP), 304 Fairchild.)

- Voluntary Disclosure of Health Information and Special Needs form

- Emergency Contacts

- Copy of Passport

*Return completed documents to your faculty member by the deadline provided*
Faculty-Led International Field Trip
Student Conditions of Participation Agreement and Release

As a Participant In the College of Architecture, Planning, & Design Field Trip to: ______________________ (Field Trip Destination)

I Have Read, Understand, And Agree To The Following (Initial Below):

Personal Conduct
- I understand that there are behavioral and cultural differences from country to country, that I should be sensitive to these differences, and that I should adjust my dress and conduct accordingly. I will strive to the best of my ability to follow the social expectations of my host country; to respect the cultural differences; and to represent my country and my university with dignity.
- I understand that grounds for dismissal from the faculty-led international field trip and immediate repatriation at my expense - as well as the loss of field trip costs and potential academic credit - include any behavior determined by the College of Architecture, Planning and Design (APDesign) or the Faculty Leader, to be inappropriate. Reasons for dismissal may include, but are not limited to: 1) violation of K-State’s Code of Student Conduct, 2) violation of laws, rules, regulations, or customs of the host country, community, institution and field trip, 3) reasonable cause for the Faculty Leader to believe that my continued presence on the field trip constitutes a danger to the health or safety of any person(s) or property, or threatens the future viability of the field trip.

(Initial Here) __________

Assumption of Risk and Release
- I understand and acknowledge that K-State and APDesign assume no responsibility or liability, in whole or in part, for any delays, delayed or changed departure or arrival times, fare changes, dishonors of hotel, airline or vehicle rental reservation, missed carrier connections, sickness, disease, injuries (including death), losses, damages, weather, civil unrest, or public health risks. If due to weather, flight schedules or other uncontrollable factors I am required to spend additional nights, K-State and APDesign will not be responsible for my hotel, transfers, meal costs, or other expenses. In consideration of being allowed to participate in the field trip, I hereby release Kansas State University, APDesign, the State of Kansas, and their agents, officers, and employees, from any and all claims, demands, or causes of action of any kind, including claims for negligence, which may arise from participation, including travel to, from, and/or during the field trip.
- I understand that I am subject to the laws of the host country as well as the rules and regulations of the host campus if applicable. I understand that it is my responsibility to be informed of these laws, rules, and regulations and to fully abide by them.

(Initial Here) __________

Health and Safety
- In the event of injury or illness to myself, I authorize the field trip leader(s) to secure whatever medical treatment is necessary.
- I understand that it is my responsibility to consult with my physician, local health department, or K-State Lafene Travel Clinic to determine whether immunizations are recommended or required for the countries I will visit.
- I understand that if I choose to drink alcohol, I will do so legally and responsibly and according to the host country’s laws. I understand that being drunk is not socially acceptable.
- I understand that possession and/or usage of illicit drugs are strictly prohibited.
- I confirm that I will enroll in K-State’s Study Abroad Health Insurance through its official carrier for the length of my stay. I also have necessary legal proof of identity (passport), and that I have provided APDesign with copies of this information. I understand I can voluntarily provide specific health information that includes any limiting conditions, allergies or medical history that a foreign physician should be aware of in the even I require medical attention.

(Initial Here) __________

Student Name (Print) ____________________________

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Academic Conduct
- I understand that this field trip is a part of an academic program and that academic requirements include completing all assigned work and participating in all aspects of the field trip. I understand that non-compliance with these requirements may result in a failing grade, and may subject me to disciplinary action.
- I understand that I must follow all K-State policies regarding academic integrity and honesty.
- I understand that the host institution and/or field trip provider may have additional policies, rules, or guidelines to which I will be subject and to which I agree to abide.

(Initial Here) __________

Administrative Logistics
- I have attached a photocopy of my passport to the information I am providing to the college and University.

(Initial Here) __________

Financial Obligations
- I understand that all field trip fees must be paid by the established deadlines. I understand that it is my responsibility to track payment deadlines.
- I understand and agree to the costs associated with this field trip, and realize my particular experience may be more or less expensive than estimated by APDesign and/or department, depending on my personal expenses and choices. I have received a cost sheet from APDesign and/or department, which outlines my estimated expenses, if requested. I understand that if I am dismissed from my field trip for violations of misconduct, I will still be charged the cost of the trip and will not receive any refund.

(Initial Here) __________

Applicant Agreement and Release
I affirm that the information given in this application is true and correct to the best of my knowledge. I understand that all my fees, deposits and/or payments are non-refundable.

Printed Applicant Name __________________________ Student ID# __________________________

Applicant Signature __________________________ Date ___________
Faculty-Led International Field Trip
KSU Study Abroad Insurance Registration Form

ENROLLMENT FOR K-STATE STUDY ABROAD INSURANCE with OFFICIAL CARRIER:

Name: ___________________________________________________________________________  ☐ Male  ☐ Female
Last   First   Middle

Enrollment Dates*: _______________________ until ______________________

Departure Date  Return Date

*For the return date, make sure to account for any travel days following the program dates – up to 8 weeks.

Beneficiary: ___________________________________________________________________________________

Last Name   First Name   Middle Name

Relationship to you: _______________________________

Please inform us if you have dependents to be insured.

I affirm that the information above is true and correct to the best of my knowledge. I understand that by signing below, I am enrolling in K-State’s Study Abroad Insurance with the official carrier and will pay my department for the cost of the insurance prior to departure.

______________________________________________________________
Applicant Signature  _____________________________
Date
Faculty-Led International Field Trip

Voluntary Disclosure of Health Information and Special Needs

The purpose of this form is to help APDesign faculty provide you with appropriate help. It is important that the professor can be made aware of any medical or emotional issues or other special issues, which might affect your participation in this field trip. Mild physical or psychological disorders can become serious under the stress of travel. This disclosure is voluntary. Any information provided will remain confidential and will only be shared with the faculty or appropriate professionals on a need to know basis.

Last Name __________________________ First Name ___________________________ Middle Name ___________________________ □ Male □ Female

Field Trip: ________________________________________________________________

Country/ Countries of Field Trip: ________________________________________________________________

Field Trip Dates: ___________________________________________________________________________

   (Beginning to Ending)

Medical History

ARE YOU CURRENTLY BEING TREATED FOR A PHYSICAL OR MENTAL HEALTH CONDITION THAT MIGHT AFFECT YOUR PARTICIPATION IN THE FIELD TRIP? IF YES, PLEASE EXPLAIN.

□ Yes □ No

DO YOU HAVE ALLERGIES THAT MIGHT AFFECT YOUR PARTICIPATION IN THE FIELD TRIP? IF YES, PLEASE EXPLAIN.

□ Yes □ No

ARE YOU TAKING ANY MEDICATIONS THAT MIGHT AFFECT YOUR PARTICIPATION IN THE FIELD TRIP? IF YES, PLEASE EXPLAIN.

□ Yes □ No

HAVE YOU HAD ANY RECENT MAJOR INJURIES, DISEASES ORailments THAT MIGHT AFFECT YOUR PARTICIPATION IN THE FIELD TRIP? IF YES, PLEASE EXPLAIN.

□ Yes □ No

ARE YOU A VEGETARIAN OR ARE YOU ON A RESTRICTED DIET? IF YES, PLEASE EXPLAIN.

□ Yes □ No

IS THERE ANY ADDITIONAL INFORMATION THAT YOU WISH TO SHARE THAT WOULD BE HELPFUL FOR THE PROGRAM TO BE AWARE OF DURING YOUR FIELD TRIP? PLEASE INCLUDE LEARNING DISABILITIES OR OTHER SPECIAL NEEDS THAT MIGHT AFFECT YOUR PARTICIPATION IN THE FIELD TRIP.

Please initial one of the following statements:

_________ I certify that all responses made on the Voluntary Disclosure of Health Information and Special Needs form are true and accurate to the best of my knowledge, and I will notify APDesign hereafter of any relevant changes that occur prior to the start of the trip and during the trip.

~OR~

_________ I choose to not provide the above information.

Applicant Signature ___________________________ Date ___________________________

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Emergency Contacts

In the event of an emergency please contact:

1. Name: ____________________________________________________________
   Relationship to Student: ____________________________________________
   Address: ____________________________________________________________
   __________________________
   _______________________________________________________________
   Cell #: ___________________________   Email: ____________________________
   Home #: _________________________   Work #: ___________________________

2. Name: ____________________________________________________________
   Relationship to Student: ____________________________________________
   Address: ____________________________________________________________
   __________________________
   _______________________________________________________________
   Cell #: ___________________________   Email: ____________________________
   Home #: _________________________   Work #: ___________________________