



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™
Office of International Affairs

International Programs for Students Emergency and Liability Forms

Please submit these materials to:

Office of International Affairs
3601 4th ST Stop 6266
Lubbock, Texas 79430-6266

tel. (806) 743-2900
fax (806) 743-1521

cima@ttuhsc.edu
www.ttuhsc.edu/cima

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

(hereinafter referred to as "TTUHSC")

Office of International Affairs

(hereinafter referred to as "OIA")

International Programs for Students Emergency and Liability Forms

<u>Form</u>	<u>Effective Date</u>
A Participant Information Sheet	April 5, 2011
B Release, Hold Harmless, and Indemnification Agreement	April 5, 2011
C Travel Itinerary	April 5, 2011
D Emergency Contact and Information Release Form	April 5, 2011
E Insurance for International Programs for Students	April 5, 2011
F Student Responsibilities	April 5, 2011
G Waiver and Authorization to Use and/or Release Personal Information and/or Image	April 5, 2011
H Student Health / Emergency Treatment Authorization	April 5, 2011

I acknowledge receipt of all the above listed forms:

Student's Signature

Witness' Signature

Print or type Name

Print or Type Name

Date

Date

Texas Tech University Health Sciences Center

Participant Information Sheet

Student Name: _____ R#: _____

E-mail address: _____ School: _____

Phone number: _____

Reason for travel abroad (check below)
Participate in for-credit TTUHSC sponsored International Program Number of credit hours _____
Participate in non-credit TTUHSC sponsored International Program
Attend conference, workshop, or competition
Participate in TTUHSC student organization service project
Conduct research
Complete internship / practicum
Other: _____

Host Country(ies): _____ Semester/term and year: _____

Complete the following if you are traveling to an institution abroad or traveling with an organization. If you are participating in a faculty-led program, skip to the next section.

Name of Host Institution / Organization (HI)*: _____

HI Phone Number: _____ HI Address: _____

Contact Name at HI: _____ Contact Phone Number: _____

Contact E-mail Address: _____

Your Address while Abroad: _____

Your Phone Number Abroad: _____

Complete the following if you are participating in a faculty-led program.

Faculty Member Leading Program*: _____

Partner Institution / Organization (if applicable): _____

Your Address while Abroad: _____

Your Phone Number Abroad: _____

(* The person in charge is also referred to herein as "Program Administrator.")

Student's Signature

Print or type Name

Date: _____

Texas Tech University Health Sciences Center

Release, Hold Harmless and Indemnification Agreement

I, _____, have the opportunity to participate in a Texas Tech University Health Sciences Center (hereinafter "TTUHSC") international program or activity to take place in _____ (country(ies)) from _____ (mm/dd/yyyy – mm/dd/yyyy).

Conduct. As a TTUHSC student I acknowledge that I am an ambassador of TTUHSC and am subject to all rules governing the conduct of student life, as defined in the TTUHSC Student Affairs Handbook, Code of Student Conduct, and I understand that I am subject to disciplinary action in accordance with the Code.

Travel Transportation. I understand that during the program I will be traveling by various modes of transportation that may or may not be owned by or under the control of TTUHSC and I voluntarily choose to travel by these conveyances. I am aware of the dangers associated with such travel, including the possibility of injury and even death and I affirm my desire to travel as part of the program described above.

Location Danger. I recognize and understand that the possibility of political unrest exists on any occasion in which there is travel to or from a location outside of the United States. I am aware of the dangers of such political unrest, and understand that my choice to travel abroad is voluntary on my part, and I affirm my desire to do so.

Safety. I agree I am solely responsible for my safety and the safety of my property at all times during travel and at the program site.

IN CONSIDERATION OF BEING ALLOWED TO PARTICIPATE IN THE ABOVE DESCRIBED PROGRAM OR ACTIVITY, ON BEHALF OF MYSELF, MY REPRESENTATIVES, ESTATE, HEIRS, ASSIGNS AND NEXT OF KIN, I DO HEREBY RELEASE, ACQUIT, DISCHARGE, INDEMNIFY, AND AGREE TO HOLD HARMLESS TEXAS TECH UNIVERSITY SYSTEM, ITS BOARD OF REGENTS BOTH INDIVIDUALLY AND COLLECTIVELY, TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER, ITS OFFICERS, EMPLOYEES, AGENTS, AND REPRESENTATIVES (COLLECTIVELY "INDEMNITEES") FROM ANY AND ALL LIABILITY FROM ALL CLAIMS, ACTIONS, DEMANDS OR SUITS OF ANY KIND OR CHARACTER EITHER BY COMMON LAW OR STATUTE, WHETHER NOW RECOGNIZED OR NOT, AND INCLUDING, BUT NOT LIMITED TO, ANY COSTS, EXPENSES OR PENALTIES.

I have read this Release, Hold Harmless, and Indemnification Agreement and understand and voluntarily accept the terms. This Agreement shall be construed under the laws of the State of Texas and venue shall be in the state or federal courts of Lubbock County.

I certify that I am over the age of 18 and have knowingly and voluntarily signed this Agreement.

Student's Signature

Witness' Signature

Print or Type Name

Print or type Name

Date

Date

Texas Tech University Health Sciences Center

Travel Itinerary

Use the chart below to complete your travel itinerary. Begin with the initial city/location of departure and list all connecting flights with their arrival times and locations until you reach your host country. The second chart will record your return flight information.

**Departure Plans
Beginning of Program**

Departure Date	Departure City/Location	Departure Time	Airline	Flight Number	Arrival City/Location	Arrival Date	Arrival Time

**Departure Plans
Conclusion of Program**

Departure Date	Departure City/Location	Departure Time	Airline	Flight Number	Arrival City/Location	Arrival Date	Arrival Time

Additional notes regarding flight information and itinerary:

Student's Signature

Print or type Name

Date

Emergency Contact and Information Release Form

The TTUHSC Office of International Affairs staff is not authorized to discuss your international program or activity with anyone, including your parents, spouse, or significant other, without your express permission. Please indicate below whom, if anyone, we may discuss your international program or activity plans with.

I authorize release of information about my program or activity to the following person(s):

If you do not authorize the Office of International Affairs staff to release information to anyone, please put N/A:

Name: _____

Phone: _____

Email: _____

Name: _____

Phone: _____

Email: _____

_____ In addition to information about my program (location, situation, logistical requirements), OIA may also release to the above contact information about any medical conditions that may arise during participation in the international program / activity.

I further authorize the release of information regarding my emergency contacts and medical intake form to the faculty member conducting the faculty-led program in which I am participating.

_____ **Agree**

_____ **Decline**

Student's Signature

Witness' Signature

Print or type Name

Print or type Name

Date

Date

Texas Tech University Health Sciences Center

Insurance for International Programs for Students

For the safety of its students, TTUHSC **requires** that all students participating in an international program for students have emergency medical evacuation and repatriation of remains insurance coverage in addition to health and accident coverage.

TTUHSC has contracted with HTH Worldwide for insurance that provides health and accident coverage as well as emergency medical evacuation and repatriation of remains insurance coverage for students participating in programs that do not offer their own coverage. This coverage extends to all TTUHSC students participating in an international program or activity.

The cost of coverage through the contract with HTH Worldwide is \$1.17 per day. For information on policy coverage and exclusions please see the HTH brochure available on the OIA website. If you choose to obtain coverage through HTH, please complete the attached form and return it to the TTUHSC Office of International Affairs.

Otherwise, complete the following:

Verification of Insurance

I understand that as a TTUHSC student participating in an international program or activity I am required to have emergency medical evacuation and repatriation of remains insurance coverage in addition to health and accident coverage. I have acquired such insurance:

- Personally (provide insurance company name and policy number below)
 Through my host institution and/or program abroad (provide insurance company name and policy number below)

Insurance Company

Policy Number

I hereby certify that I am covered with health insurance that provides coverage I have determined to be adequate and satisfactory for any injury or illness that might befall me while I am participating in a TTUHSC international program or activity. I have consulted persons I deem appropriate to verify this coverage and its adequacy for coverage abroad.

Name

Signature

Date

Trip Cancellation/Trip Interruption: If you are prevented from taking your trip or if the trip is interrupted please contact OIA office at 806-743-2900 or cima@ttuhsc.edu so that they can inform HTH Worldwide.

OFFICE USE ONLY:	Date	Initials
Notified participate of insurance card		
Participant picked up insurance card/brochure		
Follow up e-mail sent to participant		

HTH Worldwide Information Sheet

If you elect to purchase your international health and MEDEVAC insurance through HTH Worldwide please complete the following information and a request will be processed.

HTH Worldwide insurance cards are distributed to all TTUHSC students before departure on their program. Once participants receive their insurance card they should visit hthstudents.com and, using the certificate number on the front of the card, sign in to the site for comprehensive information and services relating to the plan.

First Name	
Last Name/Family Name	
Date of Birth	
Gender	
Valid From/Departure Date	
Valid Through/Return Date	
Home Country (Country of Origin/Citizenship)	
Host Country	
Total Days Abroad	
Estimated Total Cost (Total Days Abroad x \$1.17)	
Address*	
Phone Number*	
E-mail Address*	
Payment information: Attach check (preferred) or provide credit card information	Card Type: Card Number: Cardholder's Name: Card Expiration Date (mm/yy):

*This information is only used by OIA if there is a need to contact you and/or to deliver the insurance card to you.

Texas Tech University Health Sciences Center

Student Responsibilities

By signing this form I certify that I understand and am solely responsible for the following responsibilities related to my participation in a TTUHSC international program or activity as follows:

1. RULES OF CONDUCT AND DISMISSAL

Each student shall observe the same standards and rules of conduct while participating in the program as he/she would observe while physically on the TTUHSC campus (as set forth in the Student Affairs Handbook, Code of Student Conduct). Failure to maintain these standards is subject to review by the Dean of the appropriate school at Texas Tech University Health Sciences Center. In the sole discretion of the Program Administrator, a student may be required to return to the United States at his or her own expense without completing the international program and without completion of course work, credit, or grades. If a student disrupts the group learning process, or if his/her behavior gives the host institution or Program Administrator reasonable cause to believe that his/her continued presence in the program poses a danger to him/herself or to the health or safety of persons or property, or impedes, disrupts, or obstructs the program in any way, the student is subject to disciplinary action as set forth in the TTUHSC Student Affairs Handbook.

2. ACADEMIC ADVISING

Each student shall discuss international program plans with his/her academic advisor to determine if participation will meet his/her degree plan. If the student does not obtain the approval of the school or department the student may not receive any credit for his/her international program.

3. HOST COUNTRY LAWS/CUSTOMS

Each student shall know and obey the laws of the host country, as well as all local institutional regulations, and will abide by the laws and customs of the host country, community, and the host institution/organization/program. In addition, the student understands the need to be sensitive to the social mores of the host culture.

4. DOCUMENTATION OF COURSEWORK

If seeking approval for course credit, each student is required to provide documentation to TTUHSC that will demonstrate work completed during the international program as determined by the requirements for each course. Materials may include syllabi, class notes, special projects, tests, and papers written for each class.

5. MANDATORY PRE-DEPARTURE ORIENTATION AND EXIT COUNSELING SESSION

Each student shall schedule and attend a pre-departure orientation and exit counseling session conducted by OIA prior to departure from and following return to TTUHSC.

6. NOTIFICATION OF FINANCIAL AID OFFICE

Each student shall visit the Financial Aid and/or Student Business Services Offices to finalize arrangements for disbursement of any financial aid and scholarship monies before leaving the TTUHSC campus.

7. HEALTH

Each student is responsible for his/her own health maintenance. In the event of serious illness, accident, or emergency, the student will inform an appropriate Program Administrator so that assistance may be secured and designated emergency contacts may be notified.

8. VISAS and PASSPORTS

Each student shall obtain all of the proper and necessary documentation for participation in the program including, but not limited to, a U.S. passport and the proper visa for the country to be visited prior to participation in a TTUHSC international program or activity. For some countries, it is necessary to apply for a visa through OIA. Check with OIA for information regarding your visa application.

9. INSURANCE

TTUHSC requires that any student participating in a TTUHSC international program or activity shall purchase sufficient insurance to cover him/her while abroad. See Form E for further information.

10. IMMUNIZATIONS

Each student shall obtain the necessary immunizations and malaria prophylaxis for travel abroad prior to departure. Information on immunizations may be found by contacting Travel Medicine at 743-2757 or at <http://www.ttuhsoc.edu/som/fammed/travelmed.aspx> or by visiting the CDC website at www.cdc.gov/travel.

11. SAFETY ISSUES

Each student shall check the web sites for State Department Travel Advisories to be advised of any travel restrictions for U.S. citizens abroad. The web site is http://www.travel.state.gov/travel/cis_pa_tw/tw/tw_1764.html. The student agrees to comply with all information about safety during travel abroad provided on the State Department website (<http://studentsabroad.state.gov/index.php>) and by the TTUHSC Office of International Affairs.

I understand that I may sometimes be traveling in areas having higher than average rates of crime and theft of property, and that I am solely responsible for my own safety and for my property at all times while participating in this program or activity.

I UNDERSTAND THAT THE TTUHSC OFFICE OF INTERNATIONAL AFFAIRS IS NOT RESPONSIBLE FOR THE ABOVE, AND I SPECIFICALLY ACCEPT AND WILL FULFILL THE RESPONSIBILITIES LISTED ABOVE.

Student's Signature

Print Name

Date

THE OFFICE OF INTERNATIONAL AFFAIRS WILL KEEP A COPY OF THIS FORM IN YOUR FILE. PLEASE TAKE YOUR COPY OF THIS FORM WITH YOU WHEN YOU GO ABROAD AS A REMINDER OF YOUR RESPONSIBILITIES.

Texas Tech University Health Sciences Center

Waiver and Authorization to Use and/or Release Personal Information and/or Image

I give the Office of International Affairs permission to:	YES	NO
Use quotes from any report or evaluation submitted to OIA in which I describe my experiences abroad.	<input type="checkbox"/>	<input type="checkbox"/>
Share my evaluation of the program in which I participated with prospective students interested in participating in a similar program.	<input type="checkbox"/>	<input type="checkbox"/>
Use photos and comments I have provided about my experience on the TTUHSC/OIA web site or on OIA International Programs recruitment materials (e.g., brochures, handouts).	<input type="checkbox"/>	<input type="checkbox"/>
Release my name and e-mail address to prospective students requesting information about the international program in which I participated.	<input type="checkbox"/>	<input type="checkbox"/>

I, and on behalf of my representatives, estate, heirs, assigns and next of kin, do hereby waive any and all rights, compensation, royalties, or other payment in connection with the use of name and/or image(s) or other information about me as permitted above. I understand there is no guarantee that any of these uses will remain subject to TTUHSC supervision or control.

In case of an emergency in which I cannot be reached:	YES	NO
I authorize U.S. Embassies and Consulates to release information concerning my welfare and whereabouts to Texas Tech University Health Sciences Center. In authorizing this release of information, I hereby waive 5 USC Section 522 (b), the Freedom of Information Act.	<input type="checkbox"/>	<input type="checkbox"/>

Student Signature: _____

Printed Name: _____

Date: _____

REGISTERING YOUR TRIP WITH THE DEPARTMENT OF STATE:

For the safety of its students, OIA will register international program trips with the embassy or consulate located in your host country. In order to do so, I am providing the following required information:

Date of birth: _____

Phone number where you can be reached while abroad: _____

E-Mail address where you can be reached while abroad: _____

Address where you are staying while abroad: _____

Passport or passport card number (you may wish to attach a copy of your passport):

Student Signature: _____

Printed Name: _____

Date: _____

Texas Tech University Health Sciences Center

Student Health/Emergency Treatment Authorization

The purpose of this form is to help OIA and TTUHSC provide appropriate assistance to you should the need arise during your participation in an international program or activity.

It is important that we be made aware of any medical problems (past or current), including mental health conditions, which might affect your ability to participate in a TTUHSC international program. This information will be kept confidential in accordance with the law. Any disclosure of such information will be made only to appropriate individuals, and handled with the highest level of discretion in order to protect student privacy. Relevant information will be shared with program administrators and leaders, or appropriate professionals as it relates to your health and safety.

Health tests may be required prior to departure in certain circumstances.

Name: _____ R#: _____

Gender: _____ Date of birth: _____ Citizenship: _____

Cell phone: _____ Contact number abroad: _____

The following information is required to coordinate treatment in the event of a medical emergency. Answer "N/A if not applicable."

ALLERGIES

Medication or Drug Allergy	Reaction	Treatment, if exposed
Food or Environmental Allergy*	Reaction	Treatment, if exposed

*Could include foods, dust, chemical, household items, pollen, bee stings, etc. NOTE: if you have dietary restrictions or limitations, it is your responsibility to discuss these with your host institution/organization or Program Administrator.

MEDICATIONS

Please list any medications you are taking on a daily, regular, or as needed basis and indicate how often and why each medication is taken. This will help us formulate a treatment plan should an emergency arise.

Name of Medication	Dosage	How often taken? (1x day, 3x day, as need, etc.)	For what condition?	Length of time treated (approx.)

NOTE: Participants must bring an adequate supply of medications that are required on a daily or routine basis, in their original bottles, when traveling abroad. You should also have a copy of all prescriptions while traveling.

ADDITIONAL HEALTH CONDITIONS

Do you have any additional health conditions, other than those previously listed (such as surgeries, hospitalizations, significant injuries, chronic conditions, physical, psychological, emotional, or mental illness, etc.) that may need special consideration before or during your participation or that may affect your participation in this program?

___ Yes ___ No

If yes, you are advised to consult your health care provider. Please describe below:

<u>Condition(s)</u>	<u>How often do you have symptoms?</u>	<u>Plan for managing this condition while traveling?</u>
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DISABILITIES

If you have a documented disability as defined by the Americans with Disabilities Act and you have registered with the TTUHSC Office of Student Services, you may choose to seek accommodations to participate in this international program. If so, you have a right to disclose any Letter of Accommodations received from the Office of Student Services, and a copy of the Disability Services Release of Information (see HSC OP 77.14, Establishing Reasonable Accommodations for Students with Disabilities and Attachment B to the OP). It is your responsibility to meet with the Program Administrator to review the Letter of Accommodations.

HEALTH AND EMERGENCY AGREEMENT

I authorize the release of information contained in this Student Health/Emergency Treatment Authorization form for access and review by OIA and the appropriate professionals at TTUHSC. I understand the information on this form is pertinent to my health and safety abroad, and it may be discussed in a confidential manner with TTUHSC officials and contact persons at my host institution/organization and/or the program director.

In the event that I am injured and need emergency medical care, hospitalization, or surgery while participating in the program, I authorize TTUHSC, through its employees, representatives and agents, to secure any necessary treatment. In some cases, access to medical care may be more than 24 hours away and services may be limited. If coverage is not provided through the TTUHSC insurance program administered by HTH Worldwide, I understand that such treatment shall be solely at my expense.

I certify that to the best of my knowledge all responses made on this form are complete, true, and accurate, and I understand that if there are any changes in my health status, I will complete and submit an updated Student Health/Emergency Treatment Authorization prior to my departure. I understand that if I withhold information on this form, I may be sent home for reasons related to the information withheld and I am responsible for all incurred costs. I understand that participation in an international program or activity is optional and that any program abroad will have a certain level of risk.

I hereby release, indemnify, and hold harmless TTUHSC, its Board of Regents, officers both individually and collectively, employees, representatives and agents from any and all liability, negligent or otherwise, with regard to seeking or resulting from emergency medical treatment on my behalf. I am over age 18, have read and fully understand this agreement, and am voluntarily requesting emergency medical treatment on my behalf in the event of such need.

Participant's Signature: _____

Date: _____

Participant's Printed Name: _____

Signature of Witness: _____

Date: _____