

Travel Program Financial Responsibility

Program: _____

Travel Payment

Trip balance must be paid as soon as possible. Students planning to use financial aid for this travel may have payment deadlines extended with proof of pending loan payment. Students are ultimately responsible for program and travel costs. Full payment must be completed prior to departure.

Failure to make payments may result in a forfeit of deposit.

Refund Policy

Payments and refunds will be in accordance with the terms outlined in the travel program contract.

Travel Insurance

Salem State University does not provide travelers with travel insurance. Travel insurance covers costs for lost baggage, as well as cancellation losses should a medical emergency arise. Students who wish to purchase trip insurance are encouraged to purchase a policy individually.

Travel Spending

Please be advised that students are completely responsible to bring adequate spending money while traveling. It is recommended a student bring no less than \$40 per day of travel to cover basic expenses. A travel guide, such as Lonely Planet, Frommers or Fodor's is a good source of information for spending guides.

Neither Salem State University nor faculty traveling with students is able to provide money to students in a financial crisis. We suggest students bring a credit or debit card to access funds while traveling. This will allow a family member to deposit funds on your behalf should the need arise.

Signature of Participant

Date

Return all completed travel forms to the approving vice president.

For Academic Affairs' travel requests, completed travel forms should be returned to David Crane, Assistant Dean of Credit Programs.

Travel Program – Participant Disclosure Form

Participant: _____

Program: _____

Status: Faculty/Librarian ☐ Professional Staff ☐ Classified Staff ☐ Student ☐
Other ☐ Please specify: _____

Purpose of Travel: _____

Travel Date(s): _____

Location(s): _____

Special Accommodations:

If travelling within the United States, do you have any disability that falls under the Americans with Disability Act (ADA)? Yes ☐ No ☐

If travelling outside the United States, do you have any physical disability or impairment which may affect your travel?
Yes ☐ No ☐

Please describe the nature of your disability or impairment: _____

Disability Accommodations:

Individuals requesting accommodations including interpreting services under the Americans with Disability Act (ADA), should contact the Disability Services Office at the time of their application. Please carefully read the description of the travel in order to fully understand the physical expectations of all participants. The coordinator of the travel experience must also be informed of any special accommodations requested by the participant at the time of application. Reasonable accommodations will be determined on an individualized basis.

Accommodation(s): _____

Both Salem State and the above listed participant agree to the following reasonable accommodation(s) with regard to participation in the program listed above.

Participant Signature: _____ **Date:** _____

Salem State Travel Coordinator: _____ **Date:** _____

Disability Services Office Representative: _____ **Date:** _____

Disciplinary or Criminal Record (*Students Only*):

Have you ever been the subject of any disciplinary action at Salem State University or any other education institution?
Yes ☐ No ☐

If yes, provide details: _____

Have you ever been convicted of or pled other than not guilty to a criminal offense? Yes ☐ No ☐
If yes, provide details: _____

My signature certifies the information provided above is complete and accurate. I understand that making false or fraudulent statements within this document could result in denial of travel.

Signature: _____ **Date:** _____

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Travel Program Information and Notification Form

In the unlikely event that you become ill or injured, trip coordinators will attempt to notify your immediate family. Please select one person for notification should you need assistance.

Please make sure that they have a copy of your itinerary.

RETURN THIS AS SOON AS POSSIBLE!

Program/Group: _____

Name: _____

Birth Date: _____ Gender: Male Female

Emergency Contact Information

Name: _____ Relation: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Work or Cellular Phone: _____ Home Phone: _____

Email: _____

Health Insurance – Mandatory for participation

Health Insurance Policy Name & ID Number:

Please check your health care coverage. It is your responsibility to verify that you are covered while traveling

If traveling outside of the United States, please provide the following:

Name (as it appears on Passport): _____

Passport Number & Expiration Date: _____ Country of Issue: _____

Submit a photocopy of the passport page with your photograph

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Travel Course/Program Participant Agreement

I _____ agree to fulfill all financial and tour obligations
(print full legal name)

while participating in the following travel course/program:

_____ which will begin on _____ and end on _____

I understand and agree to the following course/program conditions:

As lawful consideration for my being permitted to participate in the travel course/program identified above, I agree to be bound by the provisions of this Course/Program Participation Agreement and to satisfy all travel course/program requirements, including completion of all required forms and payment of fees as described in the payment and refund schedule. Failure to complete required forms or make required payments may result in withdrawal from the program/course.

RELEASE OF INFORMATION: I give permission to the sponsoring department/division to verify with the Judicial Office and the Office of Student Records that I am not on disciplinary or academic probation, either of which may invalidate my eligibility for the travel course/program.

PERSONAL CONDUCT: I agree to conform to all applicable rules, regulations and policies of Salem State University, the travel course/program and the host location. I also agree to abide by policies governing student conduct, both academic and other, as published in the *Salem State Student Conduct Code*. I understand that the University has the right to withdraw a traveler from the course/program at any time because of any violation of such rules or any disruptive behavior, for failure to act in conformity with instructions reasonably given by persons managing or directing the travel course/program or leading its participants, or for conduct that could bring the course/program into disrepute or either the University or participants into legal jeopardy. Such decisions will be final and no refund will be made. I will not hold the University liable for any claims incurred by reason of my failure or refusal to conform to the requirements described in this paragraph. All expenses related to termination or withdrawal will be my responsibility.

TRAVEL: I understand that I will be traveling during the course/program by various modes of transportation including, but not limited to, plane, train, bus, van, boat or foot. I acknowledge and understand that in the event I choose to leave the group, become detached from the group, fail to meet a departure by plane, bus, train or other conveyance, or become sick or injured, I will bear all responsibility to seek out and reach the group at its next destination and will bear all added costs that I incur or cause others to incur related to my contacting and reaching, or failing to contact and reach, the course/program site. I understand that I am responsible for meeting the group at the time set by group leaders, and that the group is not obligated to wait for me should I arrive late. It is in my best interest to arrive at meeting locations early.

PROGRAM CHANGES: The course/program is described generally in the literature provided to the participants. I understand and agree that the information is descriptive only and that Salem State University and its employees reserve the right to make any changes in the published itinerary or activities if they deem it necessary or appropriate for the comfort, convenience or safety of participants or for the success of the travel course/program.

I agree to accept all responsibility for loss or additional expenses due to delays or other changes in the means of transportation, changes in other services or accommodations, sickness, weather, acts of God, labor strikes, currency conversion rates or any other unforeseen circumstances.

MEDICAL TREATMENT: I will advise sponsoring department/division of any health issues the University and the trip leader should be aware of in order to ensure my safety and well being and complete the required Disclosure Form. (Health information will be held confidentially.) I authorize Salem State University trip leaders to secure emergency medical, dental or first aid treatment on my behalf if at any time they deem it necessary or appropriate. I agree to accept all financial responsibility for any such emergency treatment and, if the University deems it necessary, an early departure from the trip. If it judges it necessary because of a health emergency, Salem State University may provide me with funds to purchase a plane ticket to Boston; if it does so, I agree to reimburse the University within thirty days following my arrival in Boston.

INSURANCE COVERAGE: I understand that I am required to maintain an adequate policy of health insurance. If traveling outside the United States that policy must provide coverage internationally and should provide for coverage for medical evacuation and repatriation. I agree, upon enrollment in the travel course/program, to provide Salem State University with a copy of my health insurance card or other evidence showing that my health insurance provides coverage in the country(ies) to which I will travel in the travel course/program, and I hereby represent that my medical insurance provides international coverage of the kind described above. It is my responsibility to provide updated insurance information to the sponsoring department/division should I change health insurance coverage before departure.

The University recommends that each participant purchase travel insurance. It is my choice whether to make this purchase. I will be responsible for filing and negotiating all claims directly with the insurance company.

GENERAL RELEASE AND WAIVER: I expressly understand and agree to the following. I accept all risk of personal injury (including death) and property damage arising from my participation in the travel course/program. I hereby release and discharge Salem State University and its governing board, its officers, directors, employees and agents and any related or affiliated entities (collectively "Salem State University") from all claims and demands whatever that I may hereafter have for injuries (including death) or property damage resulting from participating in the travel course/program or its activities, including injury (and death) or damage caused in whole or in part by the negligence or other wrongdoing of Salem State University, and further including any and all liability for medical or hospital care. Without limiting the foregoing, I understand and agree that Salem State University can and will assume no liability for injury (including death), damage, loss, accident, or irregularity in connection with the services of any airplane, ship, motor coach, train, or other conveyance used in carrying out the arrangements of

the travel course/program. *(For Employees: I understand this agreement is not designed to deprive me of my statutory protection under the Workers' Compensation Law, nor does it do so.)*

LEGAL AND FINANCIAL RESPONSIBILITIES: I understand that I must comply with the laws and appropriate cultural standards of conduct of the countries and regions I am visiting. I agree to conduct myself in a manner that will comply with the laws of each such country and the regulations of Salem State University. If I experience legal problems in the USA or internationally, including any problems, legal or other, with any foreign nationals or government authorities of the any country within which I travel as a participant in the travel course/program, I will attend to them personally with my own personal funds. Furthermore, I understand that I am solely responsible for any cost or liability incurred due to property damage or personal injury caused by my actions.

PAYMENTS AND REFUNDS: I will follow the payment plan as prescribed for the course/program. I understand that failure to make timely payments may jeopardize my participation in the travel course/program and that Salem State University reserves the right to cancel my enrollment and participation in the travel course/program if I fail to make any required payment in a timely manner.

RESPONSIBILITY DURING FREE TIME: I understand that any activity or travel in which I choose to engage outside of the prescribed itinerary or activities of the travel course/program will be at my expense and risk. Salem State University representatives may provide participants with information on destinations and activities, but their doing so does not constitute a representation by the University concerning the suitability for any purposes, or the safety of, travel to any such destination or engagement in any such activity. Salem State University does not allow any student or tour participant to rent vehicles or motorcycles while participating in a travel course/program.

FAMILY INVOLVEMENT: I am responsible for communicating travel details to my family members/significant others. Should an emergency arise, I authorize Salem State University, at its discretion, to share information regarding my health and safety with persons I have identified as emergency contacts.

USE OF PHOTOGRAPHS OR WRITTEN REPORTS: By participating in a travel course/program, I authorize reasonable use of my photographs and written comments by Salem State University. These photographs or written comments may be used for academic and promotional reasons, in print, catalogs and on the Salem State website.

Signature

Date

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Travel Program Proposal Form

In order to assist the approving authority in the evaluation of this proposal, please provide the purpose of the travel and the educational value you perceive the travelers receiving. If you need more space, please feel free to attach an additional sheet.

Program Title: _____

Term: Fall [] Winter Session [] Spring [] Summer [] Year _____

Department/Division: _____

Instructor(s)/Leader(s): _____

Destination(s): _____

Date(s): _____

Emergency Contacts (name/number):

1) _____

2) _____

3) _____

Approvals:

Department Chair/Director:

Signature: _____ Approve/Disapprove Date: _____

Area Head/Vice President/Designee:

Signature: _____ Approve/Disapprove Date: _____

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