



TRAVEL SEMINAR APPLICATION

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globaled@augsborg.edu • www.augsburg.edu/global • 612/330-1695 (fax)

Name, Dates of Seminar and Trip Code _____

Name (official name that would appear on passport) _____ / _____ / _____
FIRST MIDDLE LAST

If you wish to identify yourself as a member of an ethnic and/or racial group, please indicate (check all that apply)

- African American
- American Indian/Alaskan Native
- Asian/Pacific Islander
- European American/Caucasian
- Hispanic/Latino
- Middle-Eastern
- Other

Preferred mailing address Home Work School _____

City _____ State/Prov. _____ Zip/Postal Code _____

Day phone number (_____) _____ Evening phone number (_____) _____
AREA CODE AREA CODE

FAX number (_____) _____ Email address _____
AREA CODE

We will be sending you important communication about your travel seminar to your email address listed above.

Please check if you do not have an email address and need to have documents mailed to you.

Do you have access to the internet? YES or NO

Will you be traveling with someone? If so, who? _____

What is your relationship? _____

How did you find out about this seminar? Did anyone refer you? _____

Citizenship Information

Country of Citizenship _____ Type of U.S. Documentation _____
(If applicable; e.g. passport, birth certificate, student visa, green card, etc.)

Passport Number _____ Date of issuance _____ Expiration _____

Place of issuance _____ Date of Birth _____ Birthplace _____

Enclosed is a copy of the photo page of my passport, or other proof of citizenship (for issuing plane tickets, visas, etc.).

I do not have a passport yet. (Please call the Center before applying for one if it is within 3 months of the departure date.)

Deposit

Enclosed is my deposit of \$250*, made payable to the Center for Global Education. **(NOTE: Deposit is refundable only in the unusual case that the travel seminar needs to be cancelled by the Center for Global Education. Cancellations by participants must be received by the Center in writing. A cancellation notice received up to 75 days before departure will be assessed only this deposit plus any non-recoverable costs (i.e. flight deposits, visa fees, etc.). A cancellation notice received 60-75 days before departure will be assessed 25% of the total travel seminar cost; a cancellation notice received 30-60 days before departure will be assessed 50% of the total travel seminar cost. No refund will be provided for a cancellation received within 30 days of departure. No refunds are made for unused portions of the seminars.)**

I would like to contribute an additional \$25 \$50 \$100 other \$ _____ for the Mary Witt Memorial Scholarship Fund, established to assist low-income people, primarily those of color, to participate in the Center's travel seminars. (You will receive a receipt for this tax-deductible contribution.)

In order to arrange a program that responds to your needs and interests, our staff in each country have asked us to provide them with information on each trip participant. If a question is not applicable, write "N/A."

Occupation _____ Employer _____

Religious affiliation/denomination (optional) _____

Are/were you a member of the Armed Forces, Reserves, National Guard, etc.? No Yes Branch of service _____

Please check here if you would like to request a single room for an additional fee when available. (Please note that single room options are only available on certain travel seminars due to group pricing arrangements made ahead of time, so it is possible your request may not be granted. However, we will do our best to accommodate your request.)

You need not speak any other language than English to participate in this program. If you do know another language(s) applicable to the program, please list the language(s) and proficiency (beginning, conversational, fluent):

Have you traveled previously with the Center for Global Education? No Yes If so, where?

Have you previously been to this region? No Yes If so, please provide dates and purpose of previous trips:

How did you become interested in this region?

Other groups or organizations in which you participate, particularly ones that relate to the trip:

Objectives and expectations for the trip:

How do you expect to share your learning and experience when you return?

Is there anything else related to your participation on the seminar you think we should know about?

Medical Information

Name _____

Name and dates of seminar _____

Travel seminars can be physically and emotionally demanding. Please thoughtfully assess your health in light of the potential rigors of the trip. Examples:

- Climatic changes--high temperatures (90 - 110 F) and/or high humidity; change in altitude (7000 ft. in Mexico City; 5000 ft. in Cuernavaca, Johannesburg) • Exposure to unfamiliar bacteria due to change in diet • Long days and intense schedules • High levels of air pollution • Travel in cramped vehicles • Some travel on foot • Limited availability of some medical equipment and medicines in some countries • Significant time difference (in Africa and Asia)

These factors, combined with potential strains from culture shock and intensive interaction with other group members, can affect your health. Illnesses requiring bed rest impair one's ability to participate in scheduled programming, and can affect the entire group's learning process. We ask that you assess your physical and mental condition carefully and encourage you to consult with your health care provider. The medical information you provide here will not be used to determine your acceptance into the program. We require that you provide us with the following information so that our staff can make any possible accommodations to meet your health needs, and respond to any emergencies. Any information you provide will be kept confidential. Feel free to contact our travel seminar staff if you have questions.

1. Age _____ 2. Gender: M / F

3. Do you have a history of any of the following medical conditions?

- epilepsy
- allergies (including allergies to any medicines)
- heart condition
- arthritis (or other condition that limits mobility)
- asthma
- diabetes
- back problems or other injuries
- emphysema
- high blood pressure
- alcoholism
- eating disorders
- other substance abuse or chemical dependencies
- other medical conditions (please list) _____

How might any of these conditions affect your travels?

4. Are you currently or have you been under a doctor's care during the past six months? No Yes

If yes, what condition(s) are being treated?

How might these conditions affect your travels?

5. Please indicate if you have been treated by a psychiatrist, psychoanalyst or therapist for any mental, emotional or nervous disorder? No Yes If yes, how might this affect your travels?

6. Travel seminars are very intensive, emotionally and physically.
a. Have you had any traumas or life changes in the last six months?

b. Do you have any limitations in walking or climbing stairs that might affect your participation?

7. Do you carry any medication? If so, please specify names, conditions that they treat, and possible side effects:

8. Are you currently on any special diet (even if voluntary, such as vegetarian)?

9. Any other comments about your health?

10. Medical insurance is required which would cover any costs for treatment received during the seminar. Please be sure your policy will cover these expenses outside of the United States.

I have insurance to cover me on the trip.

Carrier _____

Policy# _____

11. In case of illness or emergency, please notify:

Name/Relationship _____

Address _____ City _____

State/Prov. _____ Zip/Postal Code _____

Phone _____
(Day) (Evening)

Note: The Center for Global Education reserves the right to request additional health information from you before you are accepted into the program and/or to require a statement from your physician or other health care provider verifying your health.

The above information is correct to the best of my knowledge and I agree to the conditions and policies stated above for traveling with the Center for Global Education. I agree that I will assume all medical costs incurred while participating on the travel seminar.

Signature of applicant Date

Name of applicant (please print)

Agreement and Release of Liability
(Read carefully before signing)

Name _____

Program _____ Dates _____

1. I, _____ ("Registrant") have applied and intend to participate in a "Program" offered and/or coordinated by the Center for Global Education ("Center") at Augsburg College, ("College") .
2. I have voluntarily enrolled in a travel program which includes travel outside the United States of America to _____ and possibly other countries. I have made a deposit that has been paid to the Center and/or cooperating agencies or organizations to apply against the costs of transportation, housing and other goods and services to be arranged for me by the Center and/or cooperating agencies or organizations.
3. I understand and am aware that my participation in the Program may expose me to special risks and dangers, including but not limited to, the hazards of travel by various means of conveyance; the hazards of politically unstable areas, the dangers of civil disturbances and war; the forces of nature; unfamiliar or different terrain, language, climate, food and drink, customs, social and sexual mores, safety practices and regulations, communications, criminal activity, law enforcement activity, disability access, road conditions, driving practices, disease risks, and health care; acts or omissions of the College, the Center, and/or their respective agents, employees, officers, directors, associates, affiliated companies, subcontractors, or cooperating agencies or organizations; and accidents or illness in places without access to medical facilities, transportation, and/or means of rapid evacuation or assistance. I understand that it is my responsibility to research and evaluate the risks I may face in this Program and I voluntarily assume any risk and liability.
4. I am aware that my participation in the Program and my use of transportation, housing and dining services, and other goods and services in connection with my participation in the Program carry a risk of serious personal injury, serious illness, death and property damage or loss. I expressly and voluntarily assume all risk of injury, illness, death and property damage or loss that may result from my participation in the Program and/or my use of goods and services in connection with my participation in the Program.
5. In consideration for being permitted to participate in the Program, I hereby **RELEASE AND DISCHARGE** the College, the Center, and their respective agents, employees, officers, directors, associates, affiliated companies, subcontractors, or cooperating agencies and organizations ("the Released Parties") from any and all liability for injury, illness, death, damage or property damage or loss arising out of the arrangement or provision of transportation, housing, dining or other goods and services, or arising out of any other activity incident to my participation in the program.
6. I agree not to sue or make claim against the Released Parties for injury, illness, death, damage or loss sustained as a result of participation in the Program or the use of the goods and services in connection with my participation in the Program. I will indemnify and hold harmless the Released Parties from all claims, judgments, and costs, including attorneys' fees, incurred in connection with any action relating to my participation in the Program. I also agree to reimburse the College or Center for any sums the College or Center may advance for the purchase of goods or services on my behalf in connection with my participation in the Program. I accept all responsibility for loss or additional expenses, including, but not limited to travel, lodging, meals, personal and other program related expense, due to delays or other unforeseen causes.
7. In the event that this program is cancelled during any portion of it due to unforeseen circumstances (e.g. political unrest, natural disaster, acts of terrorism or other unforeseen circumstances), I understand that I will only receive reimbursement for any recoverable costs. I agree that if I remain in the foreign country after receiving notice of the cancellation of the program that: a.) I am responsible for my own care and safety, as Augsburg College or the Center will have no liability for my care and safety after I leave the Program; c.) **I accept all responsibility for loss or additional expenses, including, but not limited to transportation and return travel, lodging, meals, personal and other program related expenses, or any other services to me in connection with remaining in the foreign country.**
8. I further agree to abide by all applicable rules and regulations of the College, the Center, and its staff, representatives or designees, all instructions of its staff, representatives or designees while participating in the program and the laws of the governmental jurisdictions at the place or places of program offering. I understand that noncompliance may result in expulsion from the Program and forfeiture of Program fees. I agree that if I violate any applicable rule, regulation, instruction or law at any time during the Program I may be sent home immediately at my own expense. I agree to reimburse the College and Center for any and all costs associated with sending me home. I agree to indemnify and hold harmless the

(Over)

Released Parties from all claims or losses resulting from my failure to abide by such rules, instructions and laws. I further agree that the College, the Center, and/or their respective staff, faculty, representatives or designees may send me home at any time during the program if they determine that my continued participation in the Program will adversely affect my health, safety or welfare or the health, safety, welfare or enjoyment of other Program participants.

9. I agree that if I leave the course prior to its completion due to my own circumstances that: a.) I will provide the program advance written notice of my intention to leave the program; b.) I am responsible for my own care and safety, as Augsburg College and/or the Center will have no liability for my care and safety after I leave the Program or if the Program is cancelled; c.) I accept all responsibility for loss or additional expenses, including, but not limited to transportation and return travel, lodging, meals, personal and other program related expenses, or any other services to me in connection with my early departure.
10. I understand the College and/or Center may notify the person or persons that I have listed as an emergency contact in the event that I become seriously ill or am involved in an emergency situation during the Program. In the event that I am unable to make my own medical decisions, the College and/or Center representative may have to make those on my behalf.
11. No health, accident, disability, personal property, hospitalization or other insurance covering injury to me, loss or damage to any of my property is included in any fees paid for the program. I understand that if I desire insurance coverage or protection of any type, it is my responsibility to procure it on my own behalf. The College and/or Center assumes no responsibility for insurance coverage or protection.
12. Should any of the provisions of this Agreement and Release, or portions thereof, be found to be invalid by any court of competent jurisdiction, the remainder of this Agreement and Release shall nonetheless remain in full force and effect. This Agreement and Release shall be construed under the laws of the State of Minnesota.
13. I understand that I assume full responsibility for any undisclosed physical, mental or emotional issues which might impair my ability to complete the program. If I do not make medical and psychological needs known in a timely manner, this may delay or cancel my participation in the program, if reasonable accommodations can not be made in a timely manner.

I HAVE CAREFULLY READ THIS AGREEMENT AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I SIGN IT OF MY OWN FREE WILL.

REGISTRANT'S SIGNATURE

DATE

REGISTRANT'S NAME AND DATE OF BIRTH (please print)

IMPORTANT: IF REGISTRANT IS A MINOR (under 18 years of age): PARENT OR LEGAL GUARDIAN MUST SIGN.

I am the Registrant's parent or legal guardian. I am signing this Agreement and Release on my own behalf and on behalf of the Registrant and his/her heirs and assigns.

I HAVE CAREFULLY READ THIS AGREEMENT AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I SIGN IT OF MY OWN FREE WILL.

PARENT OR LEGAL GUARDIAN'S SIGNATURE

DATE

PARENT OR LEGAL GUARDIAN'S NAME (please print)

Return this Agreement and Release of Liability form to: Center for Global Education at Augsburg College, Box 307, 2211 Riverside Avenue, Minneapolis, MN 55454. For more information, contact the Center at 612/330-1159.