



DARTMOUTH UNDERGRADUATE TRAVEL WAIVER REQUEST FORM

Personal & Travel Data:

Full Name: _____ Class Year: _____ Date of Birth: _____
Gender: _____ Phone: _____ E-Mail: _____ Hinman Box #: _____

Emergency contact information:

Full Name: _____ Relationship: _____
Address: _____
Phone: _____ E-mail: _____

Full Name: _____ Relationship: _____
Address: _____
Phone: _____ E-mail: _____

Travel destination: _____ Language Proficiency: _____
Tentative itinerary (dates, specific destinations): _____
Intended Dartmouth funding stream(s): _____
Host organization or university: _____
Description of location and type of housing? _____
Specific Address of residence, if known: _____
Will you be travelling alone or in a group? _____

Personal Risk Management Plan:

Your answers to the questions below, as well as the supplemental materials submitted, will be used to help assess the risks and your level of preparedness to undertake this travel.

1. Please indicate the rationale for your travel to this region. (150 words or less)
2. Please indicate the steps you've taken to identify the risks involved with travel to this particular location. (250 words or less)
3. Outline the steps you have taken, or will take, to mitigate the risks involved with travel to this particular location. (250 words)
4. What level of support will be provided by the in-country host organization or university?
 - a). consider pre-departure and on-site orientation
 - b). arrival arrangements and travel from airport to host site
 - c). emergency response support.
5. Outline previous experience travelling or living abroad and the level of independent decision making involved with these experiences. (150 words)
6. Is there any additional knowledge or experience that is relevant to your ability to mitigate risks associated with travel to this location? (150 words)

7. Supplemental materials required:

- Supervisor Health & Safety Statement
- Dartmouth funding application, if applicable
- Other documentation, if requested, by the Provost

Understanding of Travel Risks & Policies & Responsibility:

Please review and initial each item below before signing and submitting this form.

_____ I have carefully identified, reviewed and considered the risks of travel to my destination(s) including reading the most recent relevant U.S. State Department, Centers for Disease Control, and World Health Organization Travel Warning(s) available on-line, as well as the Dartmouth College Travel Risk Policy and International SOS safety bulletins. I understand that my proposed travel will take me through areas where the United States Department of State has issued a **Travel Warning**.

_____ I acknowledge that I am voluntarily participating in the travel described above. I also acknowledge that my participation in this travel may expose me to significant risks, including but not limited to terrorism, war, serious bodily injury or death, property damage, and other risks that may not be foreseeable. I understand that Dartmouth College is not responsible for my safety and I assume full responsibility for all risks associated with my travel.

_____ I know that I am not required to travel to this location and Dartmouth College has made available information regarding the risks associated with travel to my destination(s).

_____ Should a travel waiver be granted, I will register my travel with the Global Dartmouth Travel Registry (<http://global.dartmouth.edu/travel-resources/travel-registry>) & International SOS.

_____ I know conditions in my destination(s) may change rapidly and I will stay informed of current events on a frequent, at least daily, basis by obtaining updated security and health information from, and registering with, the nearest Embassy or Consulate General.

_____ I hereby acknowledge that I have discussed my travel with at least one of my parents or my legal guardian, who has also read and signed this form as indicated below.

WAIVER AND RELEASE OF CLAIMS

I hereby release, waive, discharge and covenant not to sue Dartmouth College, its trustees, officers, agents or employees (hereinafter referred to as "Releasees") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or relating to any loss, damage or injury, including death, that may be sustained by me, or to any property belonging to me, while traveling to the destination(s) described above. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, that may be sustained by me, or any loss or damage to property owned by me, as a result of my traveling to the destination(s) described above. I further hereby agree to indemnify and save and hold harmless the Releasees and each of them, from any loss, liability, damage or costs they may incur as a result of my travels. It is my express intent that this Release shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a Release, Waiver, Discharge and Covenant Not to Sue the above named Releasees.

TRAVELER'S SIGNATURE

DATE

The student's parent or legal guardian must sign below.

I give permission for _____ to travel under the terms set forth above and explicitly join in the waiver set forth above, releasing Dartmouth College from any liability associated with the travel.

PARENT'S NAME/ADDRESS/PHONE/E-MAIL:

PARENT'S SIGNATURE

DATE