Meredith College
Belize, Central America Service Trip
May 17-25, 2015
Office of the Chaplain

Community Member Application Packet
Meredith College Belize Service Trip May 17-25, 2015
Office of the Chaplain

Where:  Half of our group will volunteer in Santa Elena, Belize and the other half in Belmopan, Belize. These towns are about 40 minutes apart.
What:  We will offer a variety of projects in both towns. We will match skills of our volunteers, partner with existing non-profits and offer projects in education, business, agriculture, healing, athletics, public health, and others. The last few days of the trip we will tour the Xunantunich Mayan ruins and go cave tubing.

Location: Belize is located in Central America bordered by the Caribbean Sea, Mexico and Guatemala.

Cost and Air Fare:  The cost is $1500 plus airfare. **Participants will be responsible for obtaining and purchasing their own airline tickets.** Participants are encouraged to fundraise through family members, faith communities and friends.

Lodging: The Santa Elena group will stay at the Aguada Hotel (http://aguadabelize.com) and the Belmopan group will stay at KenMar’s B&B.

Weather and Time:  In May, the temperatures will be in the mid-80’s, there will be some rainfall, and the time is two hours behind Raleigh time.

Language and Currency: The official language of Belize is English and they also speak an English based Creole. English is taught in all the schools. Two Belize dollars equals one US dollar.

Passports: The process of obtaining a passport can take up to three months. Your passport must be valid up to six months after returning from Belize. An American citizen can find the application for a US passport at: http://travel.state.gov/passport/forms/forms_847.html. Visas are not required for US citizens to enter Belize.

Embassy of the United States, Floral Park Road, Belmopan, Cayo, Belize
International: Dial 011 + Phone: (501) 822-4011
Email:embbelize@state.gov
Emergencies Only (Afterhours) Dial 011 + (501) 610-5030
For Non-Emergency Issues concerning U.S. citizens, email ACSBelize@state.gov.

Vaccinations: Please consult your physician or the Wake County Health Center for current vaccination recommendations and requirements.

**Important Dates Including Payment Information**

- The application deadline is January 23, 2015, however there is a limited number of spaces and applications will be considered on a first come first served basis.
- The total cost of the trip is $1500 plus airfare. **All participants are responsible for obtaining and purchasing their own airfare.**
- $500 deposit due upon registration. Make checks payable to Meredith College. This deposit is non-refundable
- March 1, 2015: $1000 balance due. Please see Withdrawal and Refund Policy in this application packet for cancellation policies.
- Saturday, February 21, 2015 OR Saturday, February 28: Orientation. Please attend one of these sessions at Meredith College in Jones Chapel 9:00 a.m. – 4:30 p.m. If you would like to participate.
## Application for Meredith College
**Belize Service Trip, May 17-25, 2015**

Please print your name as it appears on your passport.

### Permanent Address (Home Address):
- Street

### Passport Information:
- Passport #:__________________________
- Passport Date of Issue:_________________
- Passport Expiration Date:______________
By signing this application, I attest that I understand I must attend the Belize Service Trip orientation session for maximum benefit from my experience abroad.

Additionally, by signing this application, I also acknowledge my responsibility for acquiring and carrying required travel documents including (but not limited to) my passport. I realize that the process of obtaining a passport can take up to 3 months and that my passport must be valid for six months after my return abroad. Meredith College does not accept responsibility for my failure to acquire or carry the proper travel documents nor for any financial consequences (including but not limited to loss of my deposit, program fee, and airline ticket) that I may incur if I am unable to participate in the program due to not having the proper travel documents. If I lose any of these items, Meredith College is not responsible for replacing them.

Signature of Applicant:____________________________________________________ Date ______________

Short Answer Questions

TYPE YOUR RESPONSES ON A SEPARATE SHEET OF PAPER.

1. Please describe any previous travel experience, highlighting international travel. Where did you go and for what purpose?

2. Please state your reasons for wishing to participate in the Meredith Belize Service Trip.

3. Please see the project teams listed at
Completed application should be mailed to Meredith College, Office of the Chaplain, 3800 Hillsborough St., Raleigh, NC 27607.

Withdrawal and Refund Policy
To be signed by ALL applicants, PLEASE READ CAREFULLY

Please Read Carefully
If accepted into the Belize Service Trip, I understand and agree to the following terms of withdrawal:

**Note:** Your $500 deposit is due with application and is non-refundable. The $1000 balance is due by March 1.

**Withdrawal before departure:**

A. If you withdraw after you have been admitted, we will assess and charge your account with all penalties associated with transportation and housing as well as any other expenditure incurred on your behalf.

B. If you withdraw less than eight weeks before departure, we will assess and charge your account with penalties associated with transportation and housing bookings, instructional costs, and any other expenditure incurred on your behalf.

**Withdrawal after departure.** In instances where a participant voluntarily withdraws or is required to withdraw after departure, no refund is available.

In the unlikely event local or world conditions should lead the College to suspend or cancel the Belize Service Trip, full refunds will be made unless the cancellation is due to political, natural, technological or other catastrophes beyond its control, in which case Meredith College will be able to refund only uncommitted and recoverable funds.

Name: ________________________________

Signed: _______________________________

Date: ________________________________

**REQUIRED WHITE FORMS**

**THE FOLLOWING FORMS ARE DUE AT THE FEBRUARY ORIENTATION**
Meredith College
Assumption of Risk, Health Disclosure and Release Agreement
For Meredith College Members Participating in the Belize Service Trip May 17-25, 2015

THIS IS A RELEASE OF LEGAL RIGHTS – READ AND UNDERSTAND BEFORE SIGNING

Participant: ________________________________________________________________

Date of Birth: ___________________________

Inclusive Program Dates: __________________ through _________________, 20____
This Assumption of Risk, Health Disclosure and Release Agreement (this “Agreement”) is designed to protect students, faculty, staff, Meredith College (the “College”), and the other agents and agencies cooperating with the College from liabilities associated with the Belize Service Trip. All participants must sign this Agreement to indicate their acknowledgement of and consent to the terms contained herein.

The College does not discriminate against individuals who have disabilities. However, information regarding such disabilities may be important to help decide whether to participate in the Program, particularly when medical condition(s) may pose a risk to the health and safety of themselves and others. In addition to the requirements of this Agreement, participants are invited to provide the College with any health information they feel may be helpful to participate successfully in the Program.

I understand and hereby agree to the following:

1. Risks of Travel and Service Activities Abroad.

   A. Participation in the Program involves risks not found in the United States or at the College, including risks associated with traveling to, within, and returning from one or more foreign countries; foreign political, legal, social and economic conditions; standards of design, safety and maintenance of buildings, public places and conveyances; local health and weather conditions; and other matters.

   B. Participation in the Program may also involve risks associated with the service projects. Risks of personal injury (up to and including death), property damage, and other loss are associated with such activities and the use of or proximity to equipment, materials, and supplies. The College makes no representations or warranties regarding the condition of any such equipment, machinery, tools, materials, or supplies and is not responsible for any harm, damage, or loss resulting from their care, condition, or use.

   C. While abroad, participants may choose to participate in recreational activities. Such activities are not a part of the Program and participation in them is entirely voluntary. Such activities also involve risks of personal injury (up to and including death), property damage, and other loss. If any recreational equipment is provided in association with these types of activities, the College makes no representations or warranties regarding its condition and is not responsible for any harm, damage, or loss resulting from its care, condition, or use.

   D. I have personally investigated the risks outlined above and voluntarily assume them.

2. Program Changes.

The College may cancel, substitute and make changes to the Program at any time, for any reason, without or without advance notice, to protect the health, safety, and welfare of the participants, promote the Program’s objectives, and satisfy the College’s needs, including cancelations, substitutions, and changes to the itinerary, accommodations, and other travel arrangements. I accept all responsibility for loss and additional expense due to delays or changes in transportation or services, or due to sickness, weather, labor strikes, or other unforeseen causes.


   A. I have consulted with a medical doctor regarding my personal medical needs. There are no health-related circumstances that preclude or restrict my participation in the Program.

   B. If I have experienced any psychological or medical problems, including any allergies which may pose a direct threat to the health or safety of myself and/or others while I am abroad, I will provide the details of those problems in the space below or on attached pages (for those individuals with disabilities, the use of such information will be limited to those purposes permitted by law). I will inform the College as early as possible, but no later than two (2) months prior to my departure from the United States on the Program, of any conditions including allergies for which I may seek special accommodation.
C. I am aware of all applicable personal medical needs. I have arranged, through insurance or otherwise, to meet any and all needs for payment of medical costs while I participate in the Program. Neither the College nor any host institution is obligated to attend to any of my medical or medication needs or hospital care, in a foreign country or in the United States, during my participation in the Program, and that neither the College nor any host institution is responsible for the cost or quality of such treatment or care. If I have supplied health information to the College, the College’s knowledge of such information does not render it responsible for any related harm caused to myself or others and the College is not liable for any damages that may result from any health condition(s) described therein.

D. The College may (but is not obligated to) take any actions it considers to be warranted under the circumstances regarding my health and safety. I agree to pay all expenses relating thereto and release the College from any liability for any such actions.

E. Travel abroad may expose me to certain illnesses or diseases. I have consulted my doctor or other appropriate health official and I have acquired the necessary immunizations required by the U.S. Center for Disease Control for the areas I am visiting. I understand and acknowledge that it is my responsibility to obtain current health information, including recommended precautions for the area in which I am traveling at http://www.cdc.gov/travel/index.htm, the website of the U.S. Center for Disease Control.

F. It is my responsibility to obtain current safety and other information regarding travel to and within the country or countries where I may be traveling from the U.S. Department of State website, http://travel.state.gov/, and that such information is contained in the sections entitled “Consular Information Sheets,” “Public Announcements” and “Travel Warnings”.

G. The College encourages me to register my trip abroad with the U.S. embassy or consulate in the country or countries in which I will be traveling through the U.S. Department of State’s travel registration website, https://travelregistration.state.gov/. Travel registration is a free service provided by the U.S. Department of State to Americans traveling to, or living in, a foreign country. Registration provides information about travel abroad that the U.S. Department of State can use for assistance in the event of an emergency. (If I am not a U.S. citizen, the College encourages me to register my trip with the embassy of my own country.)

H. I am required to notify the College, any host institution and Program leaders of any health or medical conditions or needs which may affect my participation in the Program and inform them of any such health or medical condition or need that should develop during my participation in the Program. I acknowledge that the College has strongly advised me to consult with my physician before participating in the Program and that I have either received my physician’s approval to participate or I am electing to participate without such approval. While the College may be able to assist me in locating accommodations for a disability abroad, I will be responsible for arranging and paying for any such accommodations.

I. The College makes no representation with respect to accessibility of health care services and facilities in the community where I will be living and providing services. Appropriate treatments, especially psychological treatments, may not be readily available during the Program. Therefore, I must make provisions before my departure from the United States on the Program for continuation of all ongoing medical treatments, including, but not limited to, prescriptions or special diets.


A. Each foreign country has its own laws and standards of acceptable conduct, including dress, manners, morals, politics, drug use and behavior. Behavior that violates those laws or standards could harm the relations of those countries and the institutions therein with the College or any host institution, as well as my own health and safety. I will become informed of and abide by all such laws and standards for each country to or through which I will travel during the Program.
B. I will comply with the College's rules, standards and instructions for behavior at all times during the Program as outlined in the Meredith Student Handbook and related orientation information.

C. I will conduct myself in a manner that reflects favorably on the College. I understand and agree that the College may dismiss me from the Program for behavior that is deemed by the College, in its sole discretion, to be detrimental to the College.

D. I will abide by all safety rules and advisories that may be established by the College for the Program. These rules and advisories include, but are not limited to: a) maintaining regular contact with the College and Program leaders; b) requesting from Program leaders a briefing upon my arrival about local security concerns; c) notifying the College and Program leaders upon my departure and return if I will be traveling where I cannot be reached by e-mail or telephone; and d) notifying the College and Program leaders immediately if there are any significant professional or personal concerns that develop during the Program. I will report immediately to the College and Program leaders all accidents, serious illnesses, and any other incidents that I consider to be threats to my safety or the safety of others while I am involved in the Program, including travel to, during, and from the Program.

E. I agree to abide by any guidelines provided by the College and/or any host institution and to conduct myself in a sensitive and productive manner.

F. I am fully responsible for any and all travel and activities in which I may choose to engage in before or after the Program. I further understand that the College is not responsible for any injury or loss I may suffer when traveling independently or separate from the Program. I am solely responsible for obtaining and keeping safe my passport, money, credit cards, ATM cards, laptop computers, cameras, tickets, jewelry and other property. The College assumes no liability whatsoever for any loss, damage, destruction, theft or the like to my luggage or personal belongings. I have obtained adequate insurance for my belongings or have sufficient funds to replace such belongings.

G. If I should encounter or cause any legal problems with any foreign nationals or the government of Belize, I shall be personally and financially responsible for their resolution and neither the College nor any host institution is responsible for assisting, and may not be able to assist me, under these circumstances.

5. **Operation of Motor Vehicle.**
I am prohibited by the College from maintaining or operating a motor vehicle in a foreign country during the Program. Any choice I make to operate a motor vehicle violates this express prohibition and I agree to indemnity and hold harmless the College, its Board of Directors, trustees, officers, agents and employees from any loss, liability, damage or cost, including court costs and attorneys’ fees, arising out of my driving activity, including but not limited to, any bodily injury to myself or others, damage to my property or the property of others, or damage to any vehicle that I may operate.

6. **Insurance.**
The College will not obtain insurance for the individual Participants. The College strongly encourages the Participants to secure health, personal liability, and trip insurance in connection with the Trip. Because many insurance policies do not cover events occurring during or in connection with international travel, the College also recommends that the Participants discuss their individual insurance policies with their respective insurance providers. The Participant acknowledges and agrees that he or she is personally and financially responsible for all medical expenses incurred by him or her during or resulting from the Trip, whether or not such expenses are covered by insurance. The Participant also acknowledges that medical expenses may be due and payable at the time of service, and agrees to accept responsibility for such payments. The Participant further acknowledges and agrees that the College has no responsibility for the Participant’s health coverage or related expenses during or resulting from the Trip, nor is it responsible for any personal medical expenses that the Participant may incur. The Participant further acknowledges that any insurance secured by the College on the Participant’s behalf does not constitute a responsibility or obligation on the part of the College and the Participant will not hold the College responsible for the content or coverage determinations of any such policy.

7. **Itinerary; Contact Information.**
I will provide the College with a list of emergency contacts, including telephone numbers and e-mail addresses, and a copy of my final travel itinerary prior to my departure on the Program. If I obtain a cell phone to use during the Program, I will provide the number to the College.

8. **Right of Notification**
Notwithstanding any law to the contrary, the Participant agrees that the College may notify his or her spouse, family members, College personnel, law enforcement, governmental entities, and medical authorities ("Interested Parties") regarding his or her participation in the Trip. The Participant authorizes the College to share any documents and/or information related to his or her participation in the Trip with the Interested Parties for the purpose of informing them about the Trip activities and occurrences, and the risks and obligations undertaken pursuant to this Agreement.

9. Release of Liability and Indemnification

The Participant acknowledges that the Trip, like all international travel, involves certain risks. The Participant also acknowledges that the College may not anticipate or protect against all such risks. Therefore, to the maximum extent permitted by applicable law, the Participant agrees to release, indemnify, defend, and hold the College harmless from and against any and all damages, claims, judgments, losses, actions, causes of action, fees, costs, and expenses (including reasonable attorneys’ fees) resulting from or arising out of: (i) the Participant’s own acts or omissions; (ii) the acts or omissions of third-parties; (iii) independent travel or other unstructured periods of personal exploration, whether before, during, or after the Trip; and/or (v) events beyond the reasonable control of the College.

10. Governing Law, Venue, and Mediation

The laws of the State of North Carolina, without regard to conflict of laws principles, shall govern all matters arising out of or relating to this Agreement, including its interpretation, construction, and enforcement. Any claim or action arising out of or relating to this Agreement must be brought exclusively in a court of competent jurisdiction in Wake County, North Carolina, and the Participant voluntarily submits to the jurisdiction of such courts for this purpose. To the maximum extent permitted by applicable law, the Participant also waives any objection that he or she may now or later have to: (i) venue of any legal action or proceeding arising out of or relating to this Agreement brought in any state or federal court sitting in Wake County, North Carolina; and (ii) any claim that any action or proceeding brought in such a court has been brought in an inconvenient forum. If a dispute arises out of or relates to this Agreement, or the breach thereof, and if the dispute cannot be settled through negotiation, the Participant agrees first to try in good faith to settle the dispute by mediation administered similar to the process of the American Arbitration Association, and conducted by a single mediator, before resorting to arbitration, litigation, or some other dispute resolution procedure. Costs of the mediation, including reasonable attorneys’ fees, shall be borne equally by the parties and the location of the mediation shall be Raleigh, North Carolina.

11. Survival of this Agreement

The Participant agrees that in the event of his or her death or disability, the terms of this Agreement will be binding on the Participant’s estate, and his or her personal representative, executor, administrator, parent, or guardian will be obligated to respect and enforce them.

12. Severability

The Participant agrees that if any portion or provision of this Agreement is adjudged to be invalid or unenforceable, then the remainder of the Agreement will continue in full force and effect. The Participant also agrees that any portion or provision of this Agreement that is adjudged invalid or unenforceable will be modified or partially enforced to the maximum extent permitted by law to carry out the purpose of this Agreement.

I have carefully read and understand this Agreement. No representations, statements, or inducements, oral or written, apart from the foregoing written statements, have been made. My decision to participate in the Trip is voluntary, and prior to signing this Agreement, I have had the right and opportunity to consult with the advisor, counselor or attorney of my choice. I have read this entire Agreement and understand that I am giving up legal rights that I may otherwise have, including the right to sue.

12. Roommate choice: ____________________________

If you do not list a roommate choice, you will be paired with another participant. Single rooms for entire trip are available for an extra charge of $300.

x______________________________________________
Signature of Participant    Date
All Participants must be over 18 years of age

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
</tr>
<tr>
<td>Relationship to you</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Phone:</th>
<th>Work Phone:</th>
<th>Cell Phone:</th>
<th>E-Mail Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
I do not give the Office of the Chaplain and the Office of International Programs permission to communicate with my spouse/partner. Please contact the person(s) below instead. The person listed first should be the primary contact.

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to you</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Phone:</th>
<th>Work Phone:</th>
<th>Cell Phone:</th>
<th>E-Mail Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please note:
Consider the possibility that whomever you list as your primary contact should have power of attorney for you during the period you are in Belize.

Name (Print)_________________________________________________________________________________________

Signature ___________________________ Date __________

Office of the Chaplain
Meredith College, 919-760-8346

PERMISSION FOR EMERGENCY TREATMENT
Applicant Name (Print clearly or type): ________________________________________________________________

Date of Birth: ___________________________ Passport #: ________________________________________________

Program and Location: ____________________________________________________________________________

A person participating in a program abroad may encounter a health emergency requiring hospitalization and/or immediate medical care and treatment. To prevent dangerous delay in such an emergency, participants in a program abroad are strongly encouraged to sign this Permission statement, and the participant should carry a copy of it on her person at all times while traveling and/or involved in the programs and/or travel. A copy of the Permission statement will be retained by the Chaplain. Another copy will be kept on file with the Meredith College Office of International Programs.
In the event of an emergency, illness, injury affecting me _________________________ (participant’s name), born on ___________________ (date), I, the undersigned, hereby authorize immediate hospitalization and treatment recommended by and carried out under the supervision of a qualified physician including but not limited to administering an anesthetic and performing necessary surgery.

Further, an authorized participant of the program administration may make medical decisions for me, _________________________ (participant’s name), including but not limited to decisions related to transferring me to alternate medical facilities abroad, and/or the U.S. for additional medical care.

___________________________________________________ ______________________________
Signature          Date

Persons to Notify in Case of Emergency

Emergency Contact – at Home:

Phone: ____________________________________________ _______________________________

Cell Phone: ________________________________________ _______________________________

Work Phone: ________________________________________ _______________________________

Email: ____________________________________________ ________________________________

Relationship: _____________________________________ __________________________________

If on religious or other grounds the participant is unwilling to sign the Permission for Emergency Treatment, a written explanation must be attached and returned to the Chaplain.

USE OF PHOTOGRAPHS BY MEREDITH COLLEGE: GENERAL RELEASE

Meredith College
3800 Hillsborough Street
Raleigh, NC  27607-5298

I, ________________________________________________ __, irrevocably grant to Meredith College and its officers, employees and agents (collectively the "College"), the right to (1) take or use photographs that may contain my likeness, as well as the likeness or image of my photographs, artwork, portfolio materials or other property (the "Photographs"); and (2) use, copy, modify, adapt, distribute, publish, display, exhibit and otherwise exploit in any media, by any means, methods and technologies now known or hereafter to become known, either in whole or in part, the Photographs for marketing, promotional and College-related business purposes, including, but not limited to, educational, advertising, marketing and promotional materials.
I understand and agree that the Photographs may be used with or without identifying me, or any of my artwork, portfolio materials or property depicted in the Photographs, as their subject, or any other form of attribution.

I further waive any and all rights that I may have over the use, distribution, transfer, display or other exploitation of the Photographs, including, without limitation any right to inspect and/or approve such use, distribution, transfer, display or other exploitation.

I hereby release and discharge, and agree to release and discharge, the College, its successors, licensees and assigns from, and shall neither sue nor bring any proceeding against any such parties for, any claim or cause of action, whether now known or unknown, for defamation, violation of any moral rights, invasion of right to privacy, publicity or personality or any similar matter, or based upon or relating to any use, publication, distribution or other exploitation of the Photographs.

I further acknowledge that I am to receive no compensation from the College other than any good will and publicity that I may receive relating to the publication, distribution or other use of the Photographs as set forth in this Release.

I represent and warrant that I am over the age of eighteen (18) years and have read and understand the contents of this Release.

______________________________
Signature

______________________________
Printed Name

______________________________
Date