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

Student 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 (kenmar.bz)

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.

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
• The $1000 balance is due by March 1, 2015. Please see the 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 on the literacy team in Belize, pre-trip training is required which will be offered following each of the
orientation sessions from 4:30-5:30pm. Please email Stacy Pardue (pardues@meredith.edu) by February 13, 2015 to register for literacy training.

- Meredith students will have one other mandatory training to attend led by the Meredith International Programs Office. Date TBA.
Student Application for Meredith Belize
Service Trip, July 21-August 2, 2015

PLEASE PRINT YOUR NAME AS IT APPEARS ON YOUR PASSPORT

Last     First Name     Middle Name

__________________________________________

Passport # ____________________________ Passport Date of Issue ____________________________
Passport Expiration Date: ____________________________
Student ID #: ____________________________
Date of Birth (mm/dd/yy): ____________________________
Classification while abroad: ☐ Fr. ☐ So. ☐ Jr. ☐ Sr. ☐ Other ____________________________

Residence Hall or Local Address:

Residence Hall Name and Room Number if applicable

Street

City           State          Zip

Phone Numbers:

Residence Phone: ____________________________
Cell Phone: ____________________________
MEREDITH COLLEGE E-mail address

__________________________________________

Permanent Address (Home Address):

Street

City           State          Zip

Phone

HOME E-mail address

__________________________________________

Academic Information

Major or prospective major: ____________________________
Minor:

__________________________________________

Academic Advisor and Department:

Grade Point Average: ____________________________
Graduation Date: Year __________ Month ____________

__________________________________________
References
List the name of two Meredith faculty or staff persons, or community member who knows you well who will submit your references:

Name:____________________________________ Title:________________________________________

Name:____________________________________ Title:_____________________________________

By signing this application, I attest that I understand I must attend the Belize Service Trip orientation session to benefit maximally from my experience abroad and that failure to do so can result in my admission being withdrawn. At that point, I will then forfeit my deposit and assume responsibility for all expenses already incurred in my behalf.

Additionally, by signing this application, I also acknowledge my responsibility for obtaining and purchasing my own airline ticket, acquiring and carrying required travel documents including (but not limited to) passports and tickets. 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 the loss of my deposit, program fee 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 ______________

Parent/Guardian Signature (Required only for students under 18 years old)

____________________________________

Short Answers: Please use a separate sheet of paper

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

2. State your reasons for wishing to participate in the Meredith Ghana Service Trip.

3. List in order of preference the project teams that you would be interested in being on (see http://www.meredith.edu/student_life/campus_chaplain).
   1.
   2.
   3.

Do you have any specific skills for any of the project teams?

Have you had any honor code violations? If so, please explain.

Please return completed application to the Office of the Chaplain, Jones Chapel. There is a black wall box outside the office that forms and checks may be placed.
Belize Service Trip Reference

STUDENTS: Please complete the top section of this form and give it to two references—one should be a Meredith faculty or staff member and the other either another faculty/staff or community person who knows you well.

Student Name __________________________________________

Date Recommendation is due ________________________________

Name and Title of Reference _______________________________________

How student knows this faculty/staff member ______________________________

Briefly describe why you want to participate in this program:


In compliance with the Family Educational Rights and Privacy Act of 1974, the candidate may have access to this reference unless access is waived. Please check one and sign:

______ I waive my rights to access this reference   _______ I do not waive my rights to access this reference.

Student Signature _________________________________     Date_______________


Participation in an off-campus program is a demanding experience. Students are confronted with new living situations, social conditions, language environments and academic experiences without on-campus support structures. Your candid evaluation of this student will provide important information for the selection committee. Please feel free to use more space if needed.

Please rate the student on the following:

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<th></th>
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In general, is this student well liked by her peers and easy to get along with?

Have you seen this student deal with conflict? ___yes, ___no
If yes, do you think this is a strength or weakness for the student?

What general strengths and weaknesses have you observed in the student that might have an impact on the student’s ability to have a positive impact on this service trip?

a) Strengths

b) Weaknesses

Do you recommend this student?

Yes, unequivocally: _____ No: _____

Yes, with some reservations: _____

Signature ____________________________ Date ___________________

Belize Service Trip, Office of the Chaplain, 760-8346
Belize Service Trip Reference

STUDENTS: Please complete the top section of this form and give it to two references—one should be a Meredith faculty or staff member and the other either another faculty/staff or community person who knows you well.

Student Name

Date Recommendation is due

Name and Title of Reference

How student knows this faculty/staff member

Briefly describe why you want to participate in this program:

In compliance with the Family Educational Rights and Privacy Act of 1974, the candidate may have access to this reference unless access is waived. Please check one and sign:

______I waive my rights to access this reference  _______I do not waive my rights to access this reference.

Student Signature _________________________________     Date_______________

PARTICIPATION IN AN OFF-CAMPUS PROGRAM IS A DEMANDING EXPERIENCE. STUDENTS ARE CONFRONTED WITH NEW LIVING SITUATIONS, SOCIAL CONDITIONS, LANGUAGE ENVIRONMENTS AND ACADEMIC EXPERIENCES WITHOUT ON-CAMPUS SUPPORT STRUCTURES. YOUR CANDID EVALUATION OF THIS STUDENT WILL PROVIDE IMPORTANT INFORMATION FOR THE SELECTION COMMITTEE. PLEASE FEEL FREE TO USE MORE SPACE IF NEEDED.

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If yes, do you think this is a strength or weakness for the student?

What general strengths and weaknesses have you observed in the student that might have an impact on the student’s ability to have a positive impact on this service trip?

a) Strengths

b) Weaknesses

Do you recommend this student?

Yes, unequivocally:  ____  No:  ____

Yes, with some reservations:  ____

Signature  ______________________________________  Date  ____________________

Belize Service Trip, Office of the Chaplain, 760-8346
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, 2015 ORIENTATION SESSION

PLEASE DO NOT SUBMIT THESE FORMS UNTIL ORIENTATION
Meredith College
Assumption of Risk, Health Disclosure and Release Agreement
For Meredith College Members Participating in the Belize Trip July 21-August 2, 2015

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

Participant: ______________________________________ ______________________________

Date of Birth: ___________________________

If Student is less than 18 years of age, a parent or legal guardian must also read and sign this Agreement.

Inclusive Program Dates: ______________________ through ______________________, 20____

This Assumption of Risk, Health Disclosure and Release Agreement (this “Agreement”) is designed to protect students, faculty, Meredith College (the “College”), and the other agents and agencies cooperating with the College from liabilities associated with the Spring Break Service Trip to Belize (the “Program”). All participating students of the College (and parents, as necessary) 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 in assisting students in choosing whether to participate in the Program, particularly when their medical condition(s) may pose a risk to the health and safety of themselves and others. In addition to the requirements of this Agreement, students 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, students may choose to participate in recreational activities, including, but not limited to, spelunking, swimming, tubing, hiking, and horseback riding. 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.
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. 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 student 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. I further understand that inappropriate behavior may be addressed in student disciplinary proceedings.

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, traveler’s checks, 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.


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 indemnify 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.

I will maintain throughout the Program the Cultural Insurance Services International (CISI) Plan. I am personally and financially responsible for all incurred medical expenses, whether or not such expenses are covered by insurance. I
acknowledge that medical expenses may be due and payable at the time of service, and I agree to accept responsibility for said payment. I further acknowledge that the College, its Board of Directors, trustees, officers, agents and employees have no responsibility for my health coverage or related expenses while I am traveling or participating in the Program, nor are they responsible for any personal medical expenses I may incur. I further acknowledge that any insurance coverage secured by the College on my behalf does not constitute a responsibility or obligation on the part of the College and I will not to hold the College, its Board of Directors, trustees, officers, agents and employees responsible for the content or coverage determinations of any insurance 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 College reserves the right to notify my parents, legal guardian, spouse, family members, host family, and necessary College personnel (the “Interested Parties”), as well as law enforcement and medical authorities, with regard to events and circumstances arising during my participation in the Program. I authorize the College to share any documents and/or information related to my participation in the Program with the Interested Parties for the purpose of informing them about the nature of the Program and the risks and obligations I have undertaken pursuant to this Agreement.

9. Right of Termination.
The College reserves the right to impose sanctions, up to and including termination of my participation, at any time during the Program if I fail to meet the academic standard and general behavior requirements expressed above, and as outlined in the Meredith College Student Handbook, set forth in orientation information and/or provided through other instruction or direction by Program staff. If my participation is terminated at any time as a result of my own failure to meet such standards and requirements, I consent to being sent home at my own (or my parents’) expense.

10. Assumption of Risk and Release of Claims.
Knowing the risks described above, and in consideration of the College facilitating access to the Program and my electing to participate, I agree, on behalf of my family, heirs, and personal representative(s), to assume all the risks and responsibilities surrounding my participation in the Program and in any travel and activities in which I may participate before and/or after the inclusive dates of the Program. To the maximum extent permitted by law, I release, hold harmless, indemnify and forever discharge the College, its Board of Directors, trustees, officers, agents and employees from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, property damage or personal injury, including death, that may be sustained by me or to any property belonging to me while I am participating in these activities, including those that may arise while I am traveling to, from or in connection with the Program. I am fully aware of the risks and hazards associated with foreign travel and residence and the particular risks and hazards associated with Belize. I voluntarily assume full responsibility for any risk of loss, damage or personal injury, including death, and for any property damage that may be sustained by me, or for which I may be liable to any other person, as a result of participation in these activities, including travel before, after, to, from, or associated in any way with the Program. I further agree to indemnify 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 attorney’s fees that they may incur due to my participation in these activities, to the maximum extent permitted by law. This Agreement is binding on me, my heirs, assigns and personal representatives. I acknowledge that I am 18 years old or more, or if I am not, that my parent or guardian has also signed this Agreement.

I have carefully read all pages of this Agreement before signing it. No representations, statements, or inducements, oral or written, apart from the foregoing written statement, have been made. My agreement to participate in the Program is voluntary, and prior to signing this Agreement, I have had the right 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 might otherwise have, including the right to sue.

11. Contact Information.
In the event of an emergency, the College should contact the following person:

Name: _________________________________ Relationship: _________________________________
This Agreement shall become effective only upon its receipt by the College and shall be governed by the laws of the State of North Carolina, which shall be the only forum for any lawsuits filed under or incident to this Agreement or arising out of events sponsored by or associated with the College. Should any provision of this Agreement be found to be unenforceable, all remaining provisions of this Agreement will remain in full force and effect.

Name (print): ______________________________   Street Address: ______________________________
City, State, Zip: ____________________________   Telephone #: _______________________________
Primary e-mail address: ______________________

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 a total charge of $300.

   x ______________________________________   ______________
   Signature      Date
(If student is under 18 years of age, a parent or legal guardian must also read and sign this form.)

I am the parent or legal guardian of the above student, have read the whole of this Agreement (including such parts as may subject me to personal financial responsibility), and am and will be legally responsible for the obligations and acts of the student as described in this Agreement, and agree, for myself and for the student, to be bound by its terms.

   x ______________________________________   ______________
   Signature of Parent/Guardian     Date
(Required only for U.S. students under 18 years of age, under 19 years of age for residents of Nebraska or Alabama, under the age of 21 for residents of Mississippi or under the age of majority in country of citizenship.)

Family Communication Authorization
I give the Office of the Chaplain and the Office of International Programs permission to communicate with my parent/guardian/spouse/partner regarding all issues surrounding my international experience. This may include but is not limited to student account information, student conduct issues, health and safety, or academics; such contact may occur before, during or after the program. If your parents do not live together, please provide this information for both parents; the parent listed first will be considered the primary contact.

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to you</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>City</td>
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<tr>
<td>Home Phone:</td>
<td>Work Phone:</td>
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<td>Home Phone:</td>
<td>Work Phone:</td>
</tr>
</tbody>
</table>

I do not give the Office of the Chaplain and the Office of International Programs permission to communicate with my parent/guardian/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>Street Address</td>
<td>City</td>
</tr>
<tr>
<td>Home Phone:</td>
<td>Work Phone:</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 abroad.

Student name (Print) ____________________________________________

Student signature __________________________ Date_____________

Office of the Chaplain
Meredith College, 919-760-8346
International insurance coverage is required for all Meredith international experiences. This ensures that students fulfill the Meredith College requirement of having **adequate medical insurance coverage** for the duration of their time abroad. Insurance is purchased from the Cultural Insurance Services International (CISI) plan through Meredith College.

Not all U.S. health insurance providers cover medical services abroad (especially HMO’s), so you cannot simply assume that you will be covered while you are abroad. Even if you do have medical coverage abroad through your U.S. health insurance, several important coverage areas, such as emergency medical evacuation and repatriation of remains, are rarely covered under U.S. health plans. In addition, most U.S. health insurers only provide coverage through a reimbursement process and do not guarantee direct payments for services rendered abroad. We have negotiated a group rate for this inexpensive coverage and it provides good health insurance coverage and resources for students abroad. Should you have any questions about this insurance plan, please contact the Office of International Programs at (919) 760-2307.

The plan costs $35.00. You must fill in the following information for us to enroll you in the CISI Plan. The charge is included in the cost of the trip:

1. Name (first, middle, and last):

2. Date of Birth (MM/DD/YYYY):____/____/______

3. Dates of Travel (MM/DD/YYYY):____/____/______ to ___/____/______

4. Permanent Address:

5. Current Educational Level: □ undergraduate □ graduate □ other: _____________________


7. Host country: _____________________ (main country you’ll be studying in)

8. Email address: School: _____________________ Home: _____________________


Additional Comments - please include any medications you plan to take with you abroad:

________________________________________________________________________________________

________________________________________________________________________________________

I certify that I will maintain the above insurance policy for the duration of my international program. I understand that I will be responsible for my own medical expenses abroad. I understand that it is my responsibility to make financial arrangements for any unpaid medical expenses incurred during the program.

Student Signature: ___________________________________________  Date: __________________

*Rates are subject to an annual increase.*
PERMISSION FOR EMERGENCY TREATMENT

Applicant Name (print clearly or type): ____________________________________________________________

Date of Birth: ___________________________ Passport Number: _________________________

Program and Location: _______________________________________________________________________

A person participating in a study abroad program 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 study abroad program and their parents 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 (my daughter, ward, or myself), __________________________ (participant’s name), born ______________________ (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.

_________________________________________________________________________________________
Student’s Signature          Date

_________________________________________________________________________________________
Parent/Guardian Signature         Date

(If student is under 18, a parent or legal guardian must also read and sign this form.)

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 student or her parent or guardian is unwilling to sign the Permission for Emergency Treatment, a written explanation signed by both the student and her parent or guardian must be attached and returned to the Chaplain.
Authorization of Release of Information

I hereby permit the Office of the Registrar and the Office of the Dean of Students to release information regarding my past and present academic and social standing to the Office of the Chaplain. Additionally, the Office of the Chaplain has my permission to check with the Accounting Office to verify that my accounts are current.

Name______________________________________________

Student ID # _____________________________________

Date______________________________________________

Telephone_________________________________________ 

Primary e-mail_____________________________________

_________________________________________       __________________
Signature       Date
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

Email address (optional)

Date