

Harlaxton 2021 Gatton Academy Study Abroad Application Packet
Deadline: 3:30 pm Central, Thursday, October 1
Turn in application in person in the Gatton Academy office, Florence Schneider Hall 107

A completed Harlaxton application packet consists of five parent/legal guardian signed and student signed forms. Please print, sign, and turn in the following five forms to apply to the program:

1. Gatton Academy Study Abroad Application (Page 1, [this page] all parents'/legal guardians' signatures)
2. International Travel for Custom Program form (Pages 2-3)
3. International Medical Insurance Requirement (Pages 4-5)
4. Acknowledgement and Release (Pages 6-8)
5. Acknowledgement: World Topper Scholarship Terms (Page 9)

Student Section

Student Full Name _____ Preferred First Name _____ Gender Identity _____
Date of Birth _____ WKU ID # _____ Home Phone (____) ____ - ____ Cell (____) ____ - ____
WKU E-mail _____@topper.wku.edu Grade in 2019-20 _____

Do you have a valid passport? ____ Yes (submit a copy with this application) ____ No ____ I have filed (If so, when? _____)

I understand that English 100 is a pre-requisite for the program. I also understand that if selected, I should not enroll in English 200 for the fall or spring semester of my junior year because that is what is taught at Harlaxton. _____ (Student Signature)

Parent/Guardian Section

Every parent/legal guardian who shares custody of a student must sign this application understanding that the student is applying to go on a study abroad program to Harlaxton in July and August 2021 with The Gatton Academy. By signing this document, parents/legal guardians acknowledge their permission to let their student travel on the program and acknowledge understanding that students must be eligible to return to The Gatton Academy in the fall semester 2021 to travel on the program.

Parent/Guardian 1. Print Name _____ Signature _____ Date _____
Cell Phone (____) ____ - ____ Home Phone (____) ____ - ____ Work Phone (____) ____ - ____

Parent/Guardian 2. (as applicable) Print Name _____ Signature _____ Date _____
Cell Phone (____) ____ - ____ Home Phone (____) ____ - ____ Work Phone (____) ____ - ____

Parent/Guardian 3. (as applicable) Print Name _____ Signature _____ Date _____
Cell Phone (____) ____ - ____ Home Phone (____) ____ - ____ Work Phone (____) ____ - ____

****Students must be eligible to return to The Gatton Academy for the fall semester 2021 to travel.****

The estimated cost of \$4,700—\$5,200 includes:

- Roundtrip airfare from Louisville
- Room accommodations in all locations
- About half of the meals while in the United Kingdom
- Admission to the historic sites, museums, and theatre visits listed in the final itinerary
- Basic international health insurance
- Travel by chartered coach or train for all excursions
- Unlimited, 7-day, zones 1 and 2 Travelcard for London
- Tuition for ENG 200-Honors: Introduction to Literature (3 hours of WKU credit)
- All WKU Study Abroad and Global Learning student fees

*Students who have not previously used their Gatton Academy Study Abroad Scholarship of \$1,000 as of Summer 2021 will have their program cost lowered to an estimated \$3,700—\$4,200.

All program fees are paid directly to the **WKU Bursar's Office, Potter Hall 2nd floor** by a **to-be-determined billing deadline in the second half of the spring semester.**

Application Process:


- All application packets with the five forms must be submitted in The Gatton Academy office (FSH 107). Applications are accepted only Tuesday, August 18—Thursday, October 1 at 3:30pm Central.
- Please submit application with a copy of the student's passport ID page if they already have a passport.
- No payments are due or accepted at the time of application
- Spots are limited to 50 students (equal gender distribution). Shortly after the application deadline, applicants will be divided into four categories: females who have not traveled abroad with the Academy yet, females who have traveled abroad with the Academy (including those scheduled to travel in Winter 2021), males who have not traveled abroad with the Academy yet, and males who have traveled abroad with the Academy (including those scheduled to travel in Winter 2021). First, from students who have not traveled abroad with the Academy, up to 25 females and 25 males will be selected by random lottery. Then, remaining spots on the program will be filled by random lottery from students who have traveled abroad with the Academy so the program reaches 25 females/25 males capacity. Finally, random drawing continues until all students have been drawn, forming an ordered waitlist. Any program spots that become available later will be offered in the order of the waitlist. All students will be notified in mid-October of their selection status.

**Deadline to apply is 3:30 PM Central,
Thursday, October 1, 2020.**

INTERNATIONAL TRAVEL FOR CUSTOM PROGRAM STUDENT

Gatton Academy Summer Program 2021

RELEASE OF LIABILITY, WAIVER OF RIGHTS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT

 _____ [print name] ("Participant"), hereby acknowledge that I have voluntarily elected to participate in the Gatton Academy Harlaxton Summer 2021 Custom Program ("Program") to be held in and around the United Kingdom, July 19-August 10, 2021.

In consideration for being permitted by the University of Evansville (UE) to participate in the Program, I hereby acknowledge and agree to the following:

ELECTIVE PARTICIPATION: I acknowledge that my participation is elective and voluntary and is not required by UE.

RULES AND REQUIREMENTS: I agree to conduct myself in accordance with UE policies and procedures, including the UE Student Handbook. I further agree to abide by all the rules and requirements of the Program. I acknowledge that UE has the right to terminate my participation in the Program if it is determined that my conduct is detrimental to the best interests of the group, my conduct violates any rule of the Program, or for any other reason in UE's discretion. I understand that in the event my participation in the Program is terminated for violating any rule of the Program, I will be solely responsible for the cost of the return travel. I further understand and agree that UE is not responsible for any injury or damage that I sustain if I travel independently or am otherwise separated or absent from UE-sponsored activities. I acknowledge that I am solely responsible for any legal problems I encounter with any foreign nationals or government and UE is not responsible for providing any assistance under those circumstances.

INFORMED CONSENT & ASSUMPTION OF RISK: I have been informed of and I understand the various aspects of the Program, including but not limited to the fact that the Program will be held in and around the United Kingdom. I understand that travel outside the United States is considered dangerous and I accept the risks of such travel. I have received and reviewed the travel itinerary for the Program and understand the risks involved in traveling to, within and from the United Kingdom, including but not limited to foreign political, legal, social, and economic conditions, language barriers, safety hazards, crime, disease, consumption of food, civil unrest or hostilities, terrorism, war, natural disasters and weather conditions, and negligent first-aid operations or medical treatment. I further understand that serious injuries could occur during my participation in the Program and that as a Participant I could sustain personal injuries, illness, property damage, or even death as a consequence of a range of activities during the study abroad program, local transportation to and from the course field trips, sport activities, independent and college organized travel, international travel to and from the United Kingdom. I understand that serious injuries could occur during participation in this Program and that as a Participant, I could sustain serious personal injuries, illness, property damage, or even death as a consequence of not only UE's actions or inactions, but the actions, inactions, negligence or fault of others and that there may be other risks not known to me or not reasonably foreseeable at this time. I further understand and agree that any injury, illness, property damage, disability, or death that I may sustain by any means is my sole responsibility except for those occurrences due to UE's negligence or intentional acts. I KNOWINGLY AND VOLUNTARILY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE ACTS OF UE, ITS BOARD OF TRUSTEES, DIRECTORS, OFFICERS, EMPLOYEES, AGENTS, VOLUNTEERS, AND ANY STUDENTS (hereinafter referred to as "Releasees"), UNLESS THEY ARISE FROM THE RELEASEES' INTENTIONAL OR NEGLIGENT ACTS, AND ASSUME FULL RESPONSIBILITY FOR MY PARTICIPATION IN THE PROGRAM.

RELEASE AND WAIVER OF LIABILITY & INDEMNIFICATION: I, on behalf of myself, my personal representatives, heirs, executors, administrators, agents, and assigns agree to HOLD HARMLESS, DEFEND, INDEMNIFY, RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE Releasees for any and all liability, including any and all claims, demands, causes of action (known or unknown), suits, or judgments of any and every kind (including attorneys' fees), arising from any injury, illness, property damage, disability or death that I may suffer as a result of my participation in the Program, REGARDLESS OF WHETHER THE INJURY, ILLNESS, DAMAGE, DISABILITY OR DEATH IS CAUSED BY THE RELEASEES, UNLESS THE INJURY, ILLNESS, DAMAGE, DISABILITY OR DEATH IS CAUSED BY THE RELEASEES' NEGLIGENCE OR INTENTIONAL ACTS, AND REGARDLESS OF WHETHER THE INJURY, ILLNESS, DAMAGE, DISABILITY OR DEATH OCCURS WHILE IN, ON, UPON, OR IN TRANSIT TO OR FROM THE PREMISES WHERE THE ACTIVITY, OR ANY



ADJUNCT TO THE ACTIVITY, OCCURS OR IS BEING CONDUCTED. I further agree that the Releasees are not in any way responsible for any injury, illness, disability or damage that I sustain as a result of my own negligent acts.

PERSONAL BELONGINGS: I understand and acknowledge that UE is not responsible for the loss of any personal belongings or property that I sustain during my participation in the Program, including but not limited to the loss of credit cards, cash, luggage, and other items.

PERSONAL MEDICAL INSURANCE: I agree to purchase and maintain during the term of the Program personal medical insurance that includes repatriation and medical evacuation coverage in an amount not less than \$25,000 per person, per occurrence and is applicable in the countries to which I am traveling, as indicated on my itinerary for the Program. I further acknowledge that I am responsible for the cost of any and all medical and health services I may require as a result of participating in the Program.

MEDICAL CONSENT: I understand and agree that Releasees do not have medical personnel available at the location of the Program. In the event of any medical emergency, I (initial one) do ___ do not ___ authorize and consent to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment, and hospital care that UE personnel deem necessary for my safety and protection. I understand and agree that Releasees assume no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment.

CHOICE OF LAW: I hereby agree that this Agreement shall be construed in accordance with the laws of the State of Indiana.

SEVERABILITY: If any term or provision of this Agreement shall be held illegal, unenforceable, or in conflict with any law governing this Agreement, the validity of the remaining portions shall not be affected thereby.

I HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND ITS TERMS. I AM AWARE THAT THIS AGREEMENT INCLUDES A RELEASE AND WAIVER OF LIABILITY, AN ASSUMPTION OF RISK, AND AN AGREEMENT TO INDEMNIFY THE RELEASEES. I UNDERSTAND I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS AGREEMENT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. BY MY SIGNATURE I REPRESENT THAT I AM AT LEAST EIGHTEEN YEARS OF AGE OR, IF NOT, THAT I HAVE SECURED BELOW THE SIGNATURE OF MY PARENT OR GUARDIAN AS WELL AS MY OWN.

Student Signature _____

Date _____

Signature of Parent/Guardian for Participants under eighteen (18) years of age:

I certify that I have custody of participant or am the legal guardian of Participant by court order. I HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND ITS TERMS. I AM AWARE THAT THIS AGREEMENT INCLUDES A RELEASE AND WAIVER OF LIABILITY, AN ASSUMPTION OF RISK, AND AN AGREEMENT TO INDEMNIFY THE RELEASEES. I join with Participant in granting a release to Releasees as set forth in detail above.

Parent/Guardian Signature: _____

Date: _____

**WKU**STUDY ABROAD &
GLOBAL LEARNING

WKU International Medical Insurance

***WKU Faculty Led: Gatton Academy Summer Harlaxton Program, Summer 2021**

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Western Kentucky University requires that all WKU study abroad students and faculty-led program participants have health insurance coverage that includes accident and sickness, emergency medical, medical evacuation, security evacuation, and repatriation of remains benefits. Study Abroad & Global Learning (SAGL) will enroll you in a comprehensive medical insurance plan through Cultural Insurance Services International (CISI), our contracted provider, unless you are participating in a program that includes comprehensive health insurance. Our insurance applies to WKU Faculty-Led, Harlaxton College, exchange programs, direct enroll programs, and some independently-arranged programs. SAGL will determine whether your program is exempt. For information about the insurance benefits, review the Policy Brochure 2019-20 (https://wku-ip.terradotta.com/_customtags/ct_FileRetrieve.cfm?File_ID=27026).

CISI study abroad medical insurance will be in effect ONLY while you are outside the United States during your official program dates. If you plan to travel before or after your program dates, SAGL can extend your insurance coverage up to 30 days total outside of your official program dates. Notify SAGL by submitting your individual travel dates in the application form "Program Travel Dates" after acceptance.

Insurance is included in the cost of WKU Faculty-Led programs. For all other programs, or if you extend your travel dates for a faculty-led program, SAGL will determine the cost of your insurance based on the duration of travel and will post the charge to your TopNet account. The premium rates for 2019-20 are \$10.75 weekly or \$43.05 monthly.

If you need a letter confirming that you will be enrolled by WKU in a health insurance plan in order to be accepted by your program provider/host institution or to obtain a visa, contact your Study Abroad Advisor.

If you wish to learn more about CISI insurance for study abroad, view this video:

By signing below, I understand that health insurance coverage is mandatory for all students studying abroad and that the WKU Office of Study Abroad & Global Learning will enroll me in CISI Insurance and bill my account if comprehensive insurance is not already included in my program.

Applicant Name:

Applicant Signature:

Parent/Guardian Signature:

Date Signed:

I understand that by signing this agreement, I am signing a legal document.
I acknowledge that I am the person whose name is listed above.

Click print, and send this page to the following address: Western Kentucky University
Study Abroad & Global Learning
Western Kentucky University
1906 College Heights Blvd # 11064
Bowling Green, KY 42101-1064



*Acknowledgement and Release

***WKU Faculty Led:** Gatton Academy Summer Harlaxton Program, Summer 2021

Print

Cancel

Conditions of Acceptance

I understand that acceptance to my education abroad program, or permission granted by WKU to study on a third-party or consortium program, is conditional upon my remaining in good academic and disciplinary standing with WKU during the term prior to the education abroad program; and

I understand that it is my responsibility to complete all required components of the on-line pre-departure orientation and to attend the mandatory in-person pre-departure orientation session(s) organized by the Office of Study Abroad & Global Learning (SAGL) and/or the faculty leader (for WKU-organized faculty-led study abroad programs); and

I understand that it is my responsibility to respond in a timely manner to any and all requests for information or other communication from SAGL staff members and/or faculty leaders; and

I acknowledge that failure to conform to any of these conditions of acceptance may result in dismissal from the education abroad program or revocation of permission to study abroad. I further acknowledge that in the event of such a dismissal or revocation, I will be responsible for any incurred costs and/or withdrawal penalties as outlined in program-specific materials.

Acknowledgement and Assumption of Risks

I have read all program information provided to me and have had the opportunity to inquire about all aspects of my chosen education abroad program, including but not limited to the type of facilities, healthcare, housing, food, transportation and personal safety conditions available in the locale, and the type of activities and physical requirements necessary for successful participation in the program; and,

I have consulted the Centers for Disease Control and Prevention (<http://www.cdc.gov/>) and the U.S. Department of State (<http://www.state.gov/>) websites, and I have read in its entirety the Department of State's country specific information sheet for my host country or countries; and,

I understand that it is my personal responsibility to inform myself of the risks of foreign travel and participation in education abroad programs and that WKU does not guarantee the quality of the participation experience, including any non-WKU sponsored programs, and I recognize and acknowledge that there are inherent risks associated with any experience outside my own culture and that I may need to adjust my behavior, dress, and activities to maximize my own and the group's safety; and,

I acknowledge that there are certain risks associated with international travel and residence in a foreign country

and that WKU and its staff cannot control these risks or absolutely guarantee my safety in every situation. I understand that these risks may include but are not limited to bodily injury or death, or personal property loss, resulting from such hazards as kidnapping, criminal activity, war, terrorist attacks, lack of access to health care, inadequate health care, food or beverage contamination, public health or infrastructure problems, transportation accidents, infectious diseases, and natural disasters such as storms, floods, and earthquakes. I further understand that overseas facilities may not meet United States accessibility standards. I understand and hereby acknowledge that I assume all risks potentially associated with my participation in this education abroad program; and

I understand that I am free to undertake independent travel, defined as travel before or after the official start and end dates of the official program, and as travel independent of any travel officially sanctioned or organized by the program's sponsoring institution. I acknowledge the risks and personal liability of undertaking such travel, and I accept responsibility for my personal safety, health, all associated costs, and any legal ramifications of independent travel; and

I am aware of the option to obtain personal liability coverage and may do so at my own expense; and

I understand that I am personally responsible for complying with all visa, public health, and customs requirements, and that if I am not a U.S. citizen or permanent resident alien, reentry into the United States may not be automatic.

Health and Safety

I understand that it is my responsibility to consult with a medical doctor with regard to my personal medical needs and about the location(s) where the education abroad program will take place, and I represent that I am medically fit to engage in international travel and in the program. I recognize that WKU is not obligated to attend to any of my medical needs, and I assume all risk and responsibility therefore. I agree that WKU is not responsible for the cost or quality of any medical treatment or care I may require while participating in the program; and

I understand that WKU does not employ or retain mental health professionals abroad and that mental health treatment may not be as widely accessible abroad as it is in the United States. I understand that I should consult with my current mental health provider prior to participating in an education abroad program to discuss the potential stresses of studying abroad; and,

I understand that my education abroad program may require that I submit medical information in order to be eligible to participate in the program, and I will provide the information as required; and

I understand that WKU is authorized (but not obligated) to take any action it considers warranted and appropriate under the circumstances regarding my health and safety, including sending me home from the location of the program, at my expense.

Program Arrangements, Changes, and Termination

For participants in WKU-organized faculty-led study abroad programs (FLSAs): I understand that I am free to utilize transportation provided via WKU or choose a mode of transportation independent of that provided by the University at my own risk and expense. I further acknowledge that WKU has the authority to alter program schedules and/or arrangements, and to cancel or terminate the program, including travel and related on-site activities, in accordance with its policies of best judgment, due to political developments, emergency situations, changed conditions, and/or the issuance of U.S. State Department Travel Warnings, with no refund guaranteed.

For participants in all programs other than FLSAs, including but not limited to exchange programs, third-party programs, consortium programs, and direct enrollment programs: I acknowledge that WKU has the authority to rescind its permission for me to participate in my education abroad program, whether prior to or during the program, due to political developments, emergency situations, changed conditions, and/or the issuance of U.S. State Department Travel Warnings, with no refund guaranteed.

Personal Conduct

I am responsible for controlling, comporting and conforming my behavior while participating in my particular program, and I understand that certain behaviors may be considered unacceptable in another country and could lead to possible disruption of the program. I agree to conduct myself in an appropriate manner, which does not infringe upon the customs and mores of the country in which the program is being conducted, nor upon the rights and safety of other participants in the program; and,

I understand that WKU behavioral standards, as well as behavioral standards set by my host program or program leader(s), shall be applicable during the course of the program, both when in the company of other program participants and when I am physically separated from other program participants. I further understand that any behavior that is in violation of WKU policies, including but not limited to the WKU Student Code of Conduct (<https://www.wku.edu/studentconduct/student-code-of-conduct.php>), or any behavior that is in violation of my host program's rules and regulations, could result in my being dismissed or suspended from the program without a refund, and returned to the United States at my own expense at the earliest possible time as determined by the program leader or organizer. I understand that such a dismissal would result in forfeiture of my eligibility for academic credit for the program, and that the Office of Study Abroad & Global Learning will report violations that result in a formal warning or in dismissal to WKU's Office of Student Conduct, and that I may be subject to further WKU disciplinary proceedings upon my return; and

I understand that I am required to observe the laws of the country where the education abroad program is located, and I understand and agree that WKU is not responsible for providing assistance with any legal or other problems that arise if I break the law.

I acknowledge that I have read and that I understand this entire document and that I am signing it knowingly and voluntarily. I agree to abide by WKU policies, I acknowledge that I am voluntarily and willingly choosing to participate in this education abroad program, and I agree to indemnify and hold harmless Western Kentucky University, its employees, agents, and/or officers from any and all loss, damage, or expense incurred as a result of my participation in the program.

Applicant Name:

Applicant Signature:

Parent/Guardian Signature:

Date Signed:



STUDY ABROAD & GLOBAL LEARNING

Acknowledgment: World Topper Scholarship Terms

World Topper Scholarship

Terms

The World Topper Scholarship (WTS) is **CONTINGENT** upon your participation in your selected study abroad program. If your study abroad plans change after the WTS deadline, you are required to inform your Study Abroad Advisor of the change so that your WTS application can be updated accordingly. SAGL reserves the right to alter your award based on your change in program. If you withdraw from your program after you have received the scholarship and prior to the program start date, your WTS award will be rescinded. If you return early from your program, SAGL reserves the right to rescind or reduce the WTS award and bill you for the scholarship amount.

All World Topper Scholarship recipients are **REQUIRED** to participate in the SAGL photo within one semester from the program end date. If requested, recipients are also required to provide quotes about their study abroad experience and additional photos to be used in study abroad informational/promotional materials.

If you receive the World Topper Scholarship and fail to comply with the above listed requirements, SAGL can, at its discretion, require you to repay your WTS award.

By submitting this form, I acknowledge that I am aware of and agree to the terms outlined above.

Applicant Name:

Applicant Signature:

Parent/Guardian Signature:

Date Signed:

I understand that by signing this agreement, I am signing a legal document.
I acknowledge that I am the person whose name is listed above.