

Holidays at Harlaxton 2021 Gatton Travel Abroad Application Packet (Deadline September 22)

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

1. Gatton Academy Travel Abroad Application (Page 1 [this page], all parent/legal guardian signatures)
2. WKU Study Abroad and Global Learning Student Responsibilities Statement (Pages 2-3)
3. International Travel for Custom Program Student form (Pages 4-5)

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 2021-22 _____

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

Parent/Guardian Section

Every parent/legal guardian who shares custody of a student must sign this page of the application understanding that the student is applying to go on a travel abroad program to the United Kingdom in December 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 spring semester 2022 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 spring semester 2022 to travel.****

The program cost of \$2,700* includes:

- Roundtrip airfare from Louisville
- Shared room accommodations in a 3-star central London hotel
- Shared room accommodation at Harlaxton Manor
- Approximately half meals
- All ground transportation, including a London TravelCard
- Admission to the sites and experiences listed in the itinerary
- Tips for provided meals and drivers
- Basic international health insurance

Payment Information:

*Actual program cost is \$2,700, but all students who have never used their one-time \$1,000 Gatton Academy Study Abroad Scholarship will only pay \$1,700.

Selected students will pay the program fee directly to the **WKU Bursar's Office, Potter Hall 2nd floor** by a **to-be-determined billing deadline in the second half of the fall semester.**

Application Process:

- All application packets with the two forms must be submitted in The Gatton Academy office to Ms. Melanie Redden (FSH 107). Applications are accepted only Tuesday, August 10—Wednesday, September 22 at 3:30pm Central.
- Please submit application with a copy of the student's passport's ID page if they already have a passport.
- No payments are due or accepted at time of application
- Spots are limited to students in The Gatton Academy's Class of 2022. All Class of 2022 students who apply will be selected. All students and parents/legal guardians will be notified of their selection status immediately after the September 22 deadline.

**Deadline to apply is 3:30 PM Central,
Wednesday, September 22, 2021.**

Student Responsibilities Statement

I have read all program material provided to me and have had the opportunity to inquire about the program, including, but not limited to, type of facilities, healthcare, housing, food, transportation and personal safety conditions expected in the locale, the type of activities and physical requirements necessary for successful participation, and I have consulted the [Centers for Disease Control](#) and the [U.S. Department of State](#) web sites about the program location; 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 sponsoring institution officially-sanctioned travel, and acknowledge the risks and personal liability of undertaking such travel, and accept responsibility for my personal safety, health, legal aspects, and costs associated with outside-program travel; and,

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

I understand my personal responsibility to understand the risks of foreign travel and participation in study abroad programs and that WKU does not guarantee quality of the participation experience, including any non-WKU sponsored programs, and I recognize and acknowledge the risks of any experience outside my own culture and to adjust my behavior, dress, and activities to maximize my own and the group's safety; and,

I am responsible for controlling, comporting and conforming my behavior while participating in my particular program, and I acknowledge that as a guest in another country, certain behaviors are considered unacceptable and could lead to possible disruption of the program, and I shall 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 the student and of other participants of the program; and,

I understand that WKU behavioral standards 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, and that any behavior that is in violation of WKU policies, including but not limited to the [WKU Student Code of Conduct](#), 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; and,

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

I understand that my program may require medical information to be eligible to participate in the

program and that I will provide the information as required; and,

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; and,


I voluntarily and willingly participate and represent that I am medically fit to engage in the international activity and travel, and I further agree voluntarily to assume all risks including, but not limited to, accident, illness or damage to my person and property to the extent not covered by insurance, or liability of third parties; and,

I acknowledge that foreign travel may entail risks of personal and/or bodily injury including death and property loss, including those resulting from kidnapping, criminal activity, war, terrorist attacks, lack of access to health care, food or beverage contamination, public health problems, and unsafe local transportation, and that I understand foreign facilities may not meet United States accessibility standards; and,

I acknowledge that WKU shall have authority to cancel or terminate the travel and related on-site activity in accordance with its policies of best judgment including cancellation of international travel for political developments and/or State Department travel warnings with no refund guaranteed; and,

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


I authorize WKU to take whatever actions deemed warranted and appropriate regarding my health and safety.

 I, _____ (print name), agree to abide by WKU policies, and 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 said programs.


 _____
Date

Student Signature 


If the above signatory is under 18 years of age, a parent/legal guardian shall sign below:

 I, _____ (print name), acknowledge that I have carefully read, agree to and understand the above statements.

 _____
Date

Parent / Legal Guardian Signature 


 _____
Phone

Relationship to above signatory 

INTERNATIONAL TRAVEL FOR CUSTOM PROGRAM STUDENT

Gatton Academy Holiday Program 2021

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

I,  [print name] ("Participant"), hereby acknowledge that I have voluntarily elected to participate in the Gatton Academy Harlaxton Holidays 2021 Custom Program ("Program") to be held in and around the United Kingdom, December 11-19, 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



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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.

Signature of Participant: _____

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.

Signature of Parent or Guardian: _____

Date: _____