

American Traveler Application

Program:	Fly Fishing in Montana		Dates:	Fall- September 17-22, 2018	
Name ¹ :			Today's Date:		
¹ Your name exactly how it appears on government-issued ID such as driver's license (passport for international travel)					
Email:			800# (if WKU):		
Phone (preferred):			Alternate Phone:		
Gender:			DOB:		
Street Address:					
City:	State:		Zip:		

EMERGENCY CONTACT INFORMATION

Name:			800# (if WKU)		
Primary Phone:			Email:		
Address:					
City:	State:		ZIP:		

MEDICAL INSURANCE INFORMATION *		DRIVER'S LICENSE INFORMATION			
Provider:		LICENSE Number:			
Insured:		Exp Date:			
Primary Insured:		Date of Birth:			
Policy Number:		Endorsements or Restrictions:			
Group Number:		Name *Exactly* as it appears			
Expiration:					

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PAYMENT

Deposit:	\$750	Final Payment:	\$1,149-\$1,499*	Total Due:	\$1899-\$2249*
Deposit Payment Amount:	Check <input type="checkbox"/> Made to "WKU Study Away" Debit/Credit Card: Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/>				Cash not accepted.
Name on card:		Card Number:			
Cardholder Zip Code:		Exp. Date:			
Verification #:	<<< Last 3 digits on back of card				

Please return this application to the Study Away Office (Tate Page Hall 121) with your deposit.

***Program fee is based on a scale of \$1,899-\$2,249 which is dependent upon the number of participants (students and American Travelers) who enroll in the program. The minimum of \$1,899 is based on 15 participants and the maximum of \$2,249 is based on 5 participants. The priority registration deadline is June 1, 2018. The final program fee will be set based upon the number of participants who have registered by the priority deadline so that logistical arrangements can be made. Participants who register should be prepared to pay the maximum cost of \$2,249. Please refer to the program details sheet (green sheet) for more information on what is included in the cost of the program.**

NOTE: Final payment for American Travelers is due by August 15, 2018 using a payment method of check or credit card.

TERMS & CONDITIONS

WITHDRAWAL PROCESS. If, for any reason, a participant chooses to withdraw from a program, the participant should contact the Study Away Office immediately.

American Travelers are welcome on this program, but credit-earning participants have priority. If the number of spots becomes limited, your participation may be cancelled with a full refund.

PARTICIPANT RESPONSIBILITIES STATEMENT

- I have read all program material provided to me and have had the opportunity to **make inquiry** about the program; and,
- I am aware of the option to obtain **personal liability coverage** and may do so at my own expense; and,
- I understand that **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 I shall conduct myself in an appropriate manner, which does not infringe upon the rights and safety of other participants in the program; and, that any behavior that is in violation of WKU policies could result in my being dismissed or suspended from the program without a refund, and if dismissed from the program I will be required to arrange my own travel from the time/location of dismissal at my own costs; and,
- I understand that WKU **does not employ or retain on-site mental health professionals**, and that I should consult with my current mental health provider prior to engaging in a program to discuss the potential stress of the program, and that I know that mental health treatment may not be accessible while on the program, and,
- I understand that I may **utilize transportation** arranged by WKU or choose a mode of transportation independent of that provided by the University at my own risk and expense; and
- I understand that I am free to undertake **independent travel**, defined as travel I arrange on my own for non-program OR program-related activities, and understand that independent travel includes travel, separate from the program leaders, during "open" time as designated by the program leader OR to/from a program site, and understand that all aspects of independent travel are my responsibility, and acknowledge the risks and personal liability of undertaking independent travel, and accept responsibility for my personal safety, health, legal aspects, and costs associated with independent travel; and,

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- I acknowledge that **travel may entail risks of personal and/or bodily injury** including death and property loss, including those resulting from kidnapping, criminal activity, terrorist attacks, food or beverage contamination, and
- In the event that I need emergency medical care, hospitalization, or surgery while participating in the program, I authorize WKU or its representative, to secure any necessary treatment. I understand that such treatment shall be solely at my expense, and I shall reimburse WKU or its representative for any expense that they might incur on account of my condition or treatment. In the event of any emergency, WKU may notify my emergency contacts I have identified on this application, and I certify that all responses made on this application are complete, true, and accurate, and I understand that if there are any changes to my health status, I will complete and submit an updated Health and Medical Statement
- I acknowledge that **WKU shall have authority to cancel or terminate** the travel and related on-site activities in accordance with its policies of best judgment with no refund guaranteed, and
- I confirm that **I am medically fit** to engage in the required 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.

Name Print:		Signature:	
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Health & Medical Statement. The medical/health information provided on this form and acceptance into a program are independent of each other. The purpose of this section is to help the SAO provide appropriate assistance to you should the need arise during your program. It is important that we are aware of any medical or emotional conditions, past or current, which might affect your ability to participate in the WKU Study Away program. This information will be kept confidential in accordance with the law. Any disclosure of such information will be made ONLY to the most appropriate individuals and with the highest level of discretion in order to protect student privacy. Relevant information will be shared with program staff, faculty, or appropriate professionals as it relates to your health and safety.

NOTE: Students with serious health conditions, either physical or mental, or physical impairments should discuss the advisability of the Study Away program with their doctor.

Information on this page will be kept confidential and used only as necessary to meet your needs or in medical emergency. Answer "N/A" if not applicable.

Name:		800# (if WKU)	
Program:		Dates:	
Tobacco Use:		Blood Type:	
Dietary Restrictions:			
Medical Allergies		Treatment:	
Food Allergies		Treatment:	
Environmental Allergies		Treatment:	
Current prescribed medications:			
Are you registered with WKU Student Disabilities Services?			
Please describe any needs that you require to participate in this program?			

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<p><i>Do you have any addition health conditions, other than those previously listed (such as surgeries, hospitalizations, significant injuries, chronic conditions, physical illness, psychological illness, emotional illness, mental illness, phobias(i.e. flying), etc), that may need special consideration before or during your travel or may affect you ability to participate in this program?</i></p>	
<i>If YES, state condition(s):</i>	
<i>How often do you have symptoms?</i>	
<i>Plan for Managing the Condition while Traveling?</i>	
<i>Any health matters the Program Leader needs to know about in case of emergency?</i>	
<i>List any medications taken on a daily basis:</i>	
<i>Please state any other conditions of which the Program Leader should be aware?</i>	
<i>Do you wear the following? (check all that apply)</i>	

NOTE: Participants must bring an adequate supply of medications that are required on a daily or routine basis when traveling.

Name:		Signature:	
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ACKNOWLEDGEMENT

By signing this application, _____ agrees 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 this program:

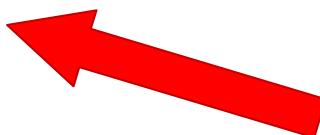
PLEASE PRINT AND SIGN AND RETURN APPLICATION WITH APPROPRIATE PAYMENT TO THE ADDRESS BELOW.

Name: _____

Signature: _____

Date: _____

Please return completed application to:



WKU Study Away Office
Tate Page Hall 121
1906 College Heights Blvd, Bowling Green, KY 42101

Questions?

Contact us at 270-745-4512 or email study.away@wku.edu.