



UNIVERSITY OF NEW ENGLAND

CROSS CULTURAL IMMERSION IN HEALTHCARE, GHANA APPLICATION

First, Middle & Last Name (as it appears/would appear on your passport)		PRN:
Mailing Address:		
Cell phone:	Email:	Date of Birth:
Program of study & Year of Graduation:	Please provide the name of two faculty references: 1. 2.	
Do you have a valid passport? Yes <input type="checkbox"/> No <input type="checkbox"/> Passport #: Expiration Date:	Professional license: please provide information, i.e. type, state, number, expiration:	
Health Insurance Coverage Info:	Medications: Dietary Restrictions:	
<p>There are limited available health resources in Ghana to treat emergent health crises of team members. Also, time changes, environmental changes, and malaria medications can adverse affect individuals, especially those with physical, emotional and mental health issues. Please list any health conditions you have such as high blood pressure, heart disease, kidney disease, gastroenteritis, seizures, rheumatic fever, hepatitis, orthopedic injuries, asthma or bronchitis, diabetes, anxiety or depression, attention deficit disorder, or any other significant illness or injury. All information will be kept confidential.</p> <hr/> <hr/>		
Person to Contact in case of emergency: Name: _____ Relationship: _____ Home Phone: _____ Cellphone: _____ Email: _____		

Ghana Health Mission is a nonprofit, tax exempt organization giving North American professionals cross-cultural opportunities in the Western Region of Ghana, West Africa.

ALSO INCLUDE:

1. A brief statement (no longer than 2 pages) addressing the following:

- Describe any prior international health experiences
- Why do you want to participate? What are your expectations?
- What do you hope to learn and what can you contribute?
- The hot and humid African environment is challenging. You will be required to work hard, as a team, and live in very close quarters with no opportunity for privacy. How will you succeed in this environment? How do you react to stress? Describe past experiences where you have had to be adaptive and flexible.

2. Two letters of recommendation (at least one from UNE faculty member)

EXPECTATIONS FOR PROGRAM PARTICIPANTS

Failure to adhere to any of the below could mean you forfeit your place on the team, as well as any deposits and/or fees.

1. Attend all pre-trip meetings and contribute to online learning activities and discussions. Students will be expected to contribute to a professional presentation upon return.
2. Students will actively fundraise for supplies, under faculty support and supervision.
2. Pay all deposits and fees by the scheduled due date.
3. Have a current passport, Ghanaian visa, and all necessary immunizations.
4. Because the arrangements for travel to, from, and during the trip are intricate, everyone must travel together and no individual arrangements or alterations of dates will be made.
5. Sign all authorizations, releases and agreements offered by GHM and the sponsoring institution.
6. Complete, provide and/or make available any requested documents by stated due dates.
7. Abide by all policies, practices, procedures, rules and regulations of GHM, team leaders, and the sponsoring institution. Failure to do so could result in a participant being sent back to the U.S. before the end of the trip. The participant is solely responsible for all costs associated with early departure.
8. Any effort to provide gifts or money to community health educators and/or community members or to offer an invitation to visit the US, or to initiate an independent humanitarian program, whether made during or after the trip, must be coordinated through the team leader during the trip and through GHM after the trip.

FINANCIAL INFORMATION:

Approximate student travel cost is \$3,000- \$3,600 and includes airfare, ground transportation, room, board, laundry and fees for cultural events. Please budget for additional costs such as Immunizations (\$300), a Ghanaian Visa (\$100), personal items & shopping at the local markets. Academic credit fees assessed separately.

A non-refundable deposit of \$250 is required with application.

Travel costs are billed to students as a lab fee and may only be refunded (less the \$250 deposit and any non refundable airfare purchased) up until the end of the add/drop period.

I verify that the information on this application is accurate and I have read and understand the expectations, risks and requirements of participation.

Student Signature _____ Date _____

Return completed application, statement, waiver and deposit to:

Trisha Mason: UNE 207 Hersey Hall, 716 Stevens Ave, Portland 04013
207-221-4112/tmason2@une.edu

Authorizations, Releases, and Agreements

1. Authorization for Medical Treatment, Release, and Verification of Insurance Coverage

In the event of sickness or injury, I hereby authorize Ghana Health Mission, Inc., through one or more leaders of the trip, to secure whatever treatment is deemed necessary, including the admission to a hospital, the administration of anesthetics, the transfusion of blood, and surgery.

I verify that I am enrolled in an adequate medical insurance program which will provide for coverage out of the United States and that I will maintain that enrollment for the entire period of the trip. I acknowledge and agree that Ghana Health Mission, Inc., its directors, officers, representatives, volunteers, agents, or employees are not liable for any medical claims or parts thereof, including those which are not covered by my medical insurance program.

Name of Health Coverage and Policy Number

(Signed)

Date: _____

2. Release

I hereby release, for my successors and assigns, Ghana Health Mission, Inc., its directors, officers, representatives, volunteers, employees and agents, from any and all claims and causes of action, including but not limited to claims or causes of action for loss of property or personal injury including death, arising, directly or indirectly, out of my participation in any activity sponsored by Ghana Health Mission, Inc or my travel in connection with such activity.

(Signed)

Date: _____

3. Agreements

I agree to abide by all expectations, policies, practices, procedures, rules and regulations applicable to activities before, during and after the trip.

I agree that I will not use the name of Ghana Health Mission, Ghana Health Mission, Inc. or GHM unless I have express written permission (a license) to do so.

I understand that GHM coordinates efforts to improve the health and well-being of persons living in the Sekondi-Takoradi area. I agree that during the trip I will consult with the team leader before offering any gift, service or promise of support to anyone in the community. Furthermore, in the future if I desire to develop a separate relationship with members of the community, either individually or through another group such as a faith community, I will keep GHM informed of the plans and activities.

(Signed)

Date: _____

**STUDENT WAIVER OF LIABILITY AND CONDITIONS FOR ENROLLMENT
IN UNIVERSITY OF NEW ENGLAND'S STUDY ABROAD PROGRAM**

The University of New England (“UNE” or “the University”) seeks to ensure the health and safety of all UNE students and employees engaged in University sponsored events and activities. However, no one can guarantee another’s absolute safety.

To this end, prior to participating in **UNE’s Study Abroad Program**, it is necessary for you to read, understand and sign this “Student Release of Liability and Conditions for Enrollment in UNE’s Study Abroad Program” (“Release Form”). As stated below, this Release Form releases the University, its agents, employees, officers, directors and/or trustees from any and all liability for any harm and/or injury you may suffer while participating in an out of the classroom course activity. If you are below the age of eighteen (18), this Release Form must also be reviewed, understood, and signed by your parent/legal guardian. If you choose not to sign this Release Form, or, if applicable, your parent/legal guardian chooses not to sign this Release Form, you will not be allowed to participate in **UNE’s Study Abroad Program**.

Once you and if applicable your parent/legal guardian have read, understand and sign this Release Form, please return it to the Director of International Programs.

Name of applicant:

Date of Birth:

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

SS# of applicant: _____ PRN: _____

Program/Dates of Program:

Trip Leader(s):

Medical & Emergency Information:

Allergies: _____

Current Medications: _____

Medical Alerts: _____

Person to contact in case of emergency:

Name _____

Relationship to
Applicant _____

Address _____

Home phone _____ Work _____ Cell _____

RELEASE OF LIABILITY AND ASSUMPTION OF RISKS

THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISKS (the "Release") is executed by _____ whose address is _____ (the "Releasor") in favor of University of New England, a private, non-profit Maine corporation with a place of business at 11 Hills Beach Road, City of Biddeford, County of York, State of Maine (the "University").

1. **PARTICIPATION IN STUDY ABROAD PROGRAMS.** As a student of University, I desire to participate in a study abroad program ("Foreign Program") to _____ (state/country) scheduled to occur from _____ (beginning date) through _____ (ending date). I acknowledge that I have **VOLUNTEERED** to participate in this Foreign Program and acknowledge that University offers multiple courses and on-campus programs through which I may receive requisite credits.
2. **RELEASE AND WAIVER OF UNIVERSITY LIABILITY FOR DANGERS AND RISKS AND INDEMNIFICATION.** I understand that there are certain dangers, hazards, and risks inherent in international travel and the activities to be engaged in during this Foreign Program which can cause or result in damage or destruction to my personal property and personal injury to myself, including my death. I further understand that the University cannot and does not assume responsibility for any such personal injury, death or property damage.

I hereby expressly release and forever discharge University, its trustees, officers, directors, employees, agents, members, sponsors, promoters and affiliates from any and all liability, claim, loss, cost or expense, and waive all rights and claims and promise not to sue on any such claims against any such person or organization, arising directly or indirectly from or attributable in any legal way to any negligence, action or omission to act of any such person or organization in connection with the sponsorship, organization or execution of the Foreign Program in which I may

participate in any capacity or arising out of my participation in or association with the Foreign Program, or travel to and from the location of the Foreign Program.

Should I or my heirs, executors, successors or assigns assert any claim in contravention of this agreement, I or my heirs, executors, successors or assigns shall be liable for the expenses (including legal fees and costs) incurred by the party or parties in defending the claim(s) and I hereby expressly agree to fully indemnify and hold University harmless from all such expenses, damages, and costs expressly including attorneys' fees and costs.

3. **ASSUMPTION OF RISKS.** Notwithstanding the dangers, hazards, and risks involved, and in consideration of being permitted to participate in the Foreign Program:

- (i) I agree and hereby do assume all risks surrounding my participation in the Foreign Program and in the activities I undertake in connection therewith; and
- (ii) I agree and hereby do release and forever discharge the University, its trustees, directors, officers, agents, affiliates, sponsors, members, promoters, employees, and any students acting as employees (hereafter collectively call the "Releasees"), from any and all liability for any injury, damage, claim, demand, action, cost, and expense of any nature, both in law and in equity, that I may at any time have or incur, arising out of or in any manner related to any loss, damage, injury, including but not limited to emotional pain, suffering and death, that may be sustained by me or by any property belonging to me, while in _____ (state/country).

4. **DISCLAIMER OF UNIVERSITY RESPONSIBILITY.** I understand and agree that the University is:

- (i) not responsible or liable for any injury, damage, loss, accident or delay which may be caused by a defect in any vehicle or other mode of transportation, or the negligence or other wrongful act of any party engaged to provide services connected with my travel to and from _____, and my travel within _____.
- (ii) not responsible or liable for any injury, damage, loss or expense due to sickness, weather, strikes, hostilities, wars, natural disasters, terrorism, or other such causes,
- (iii) not responsible or liable for disruption of travel arrangements, or any consequent additional expenses that may be incurred therefrom, and
- (iv) not responsible or liable for any loss, damage, or theft of my luggage or other personal belongings.

5. **RESPONSIBILITY FOR MEDICAL NEEDS.** Traveling and living abroad involves activities that could pose risks to the personal health and safety of participants. Participants should understand the following:

- ❑ Physical and mental health problems can be exacerbated by local conditions (pollution, climate, diet), the stress of cultural adjustment, and differences in medical practices overseas.
- ❑ The system of U.S. health care may not be replicated in the host country. Sanitation and medical facilities may be inferior to that in the United States. Medical attention may be several hours or days away in the case of an emergency.

I represent, covenant and warrant to the University that I am aware of my personal medical needs and that there are no health-related reasons or problems which preclude or restrict my participation in the Foreign Program. I acknowledge that the University has required that I obtain insurance coverage valid in _____ (state/country) to protect against the cost of hospitalization and physician care in the event of sickness, accident, injury and/or disability. I understand that I am solely responsible for obtaining and paying the cost of such insurance and that I am required to have a copy of such insurance on my person while traveling and while participating in the Foreign Program. I further understand and agree that (i) the University is not responsible for attending to any of my medical or medication needs, (ii) I assume all risks and responsibility for my medical and medication needs, and (iii) if I am required to be hospitalized any time during the Foreign Rotation, the University does not assume any legal responsibility for payment of such costs.

6. **EMERGENCY MEDICAL TREATMENT.** I understand that the Releasees do not have medical personnel available to me at any time during the Foreign Program. I acknowledge that the University has required that I designate a contact person in the event of an emergency and that I am required to carry on my person while traveling and while participating in the Foreign Rotation a Medical Emergency Card that (1) identifies the name and telephone number of my designated contact person and (2) personal medical information. In the event of a medical emergency, I grant to my designated contact person permission to authorize emergency medical treatment, including surgery and I agree that if such action is by a designated contact person who is a Releasee that it shall be subject to the terms of this Release. I further understand and agree that Releasees assume no liability or responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment or the costs of such emergency medical treatment. I further understand and agree that Releasees are not responsible for, and assume no liability or responsibility to contact my designated contact person or any failed efforts by a hospital, physician or other health care provider to contact my designated contact person. In the absence of authorization by my designated contact person due to a failure to reach my designated contact person, I understand and assume the risk that decisions regarding emergency medical treatment may be made by a hospital, physician or other health care provider in _____ (state/country) and that Releasees assume no liability or responsibility for such decisions.

7. **LEGAL PROBLEMS.** I understand that if I have a legal problem in _____ (state/country) during the Foreign Program, I will be solely responsible for attending to the matter personally with my own funds and that the University is not responsible for providing any assistance legal or otherwise to me under such circumstances.

8. **BINDING NATURE OF RELEASE.** It is my express intent that this Release shall bind the members of my family (including my spouse, dependents and children, if any) if I am alive, and my heirs, personal representatives, successors, and assigns if I am deceased.
9. **INDEMNIFICATION.** I agree to indemnify, defend and hold the Releasees harmless from any liability, claim, action, debt, damage, loss, cost and expense of every kind or nature, including attorney's fees, asserted by any party against any Releasees or incurred by any Releasee and arising directly or indirectly from or in connection with my participation in the Foreign Program or any of the activities I engage in during the Foreign Program and my travel to and from and within _____
_____.
10. **RESERVATION OF RIGHTS.** I acknowledge that the University reserves the following rights that it may exercise in its sole discretion: (i) the right to cancel the Foreign Program, in its sole discretion and (ii) the right to make alterations, changes, and modifications in any part of the trip itinerary and the activities in connection therewith and the Foreign Program.
11. **PASSPORT, VISA AND VACCINATIONS.** I understand that I am solely responsible for obtaining my own passport, visa, and public health vaccinations.
12. **COMPLIANCE WITH LAWS.** I agree to comply with all laws of _____
(state/country) during the Foreign Program.
13. **DISCLOSURE.** **THE UNIVERSITY HAS INFORMED ME THAT BY SIGNING THIS DOCUMENT I RELEASE AND WAIVE CERTAIN LEGAL RIGHTS THAT I OTHERWISE MIGHT HAVE, AND THAT I HAVE THE RIGHT AND OPPORTUNITY TO SEEK INDEPENDENT LEGAL ADVICE BEFORE SIGNING THIS DOCUMENT AND THAT I SHOULD READ THE DOCUMENT CAREFULLY AND UNDERSTAND IT FULLY BEFORE SIGNING.**
14. **REPRESENTATIONS.** I represent to the University that (i) I understand my right and opportunity to seek independent legal advice; (ii) I have read this Release, including Exhibit "A" attached hereto and fully understand the contents and the effect of its terms and provisions, (iii) I sign the Release as my own free act and deed, (iv) with respect to the matters set forth in this Release, no oral representations, statements or inducements other than those expressly contained herein have been made to me by any of the Releasees, (v) I am over eighteen (18) years of age and fully competent to sign this Release, and (vi) I execute this release for complete and adequate consideration, fully intending to be bound by the same.
15. **GOVERNING LAW.** I agree that this Release shall be constructed in accordance with the laws of the State of Maine.
16. **PARTIAL INVALIDITY.** If any term or provision of this Release shall be held illegal, unenforceable, or in conflict with any law governing this Release, then I agree that the validity of all remaining terms and provisions shall not be affected thereby.

IN WITNESS WHEREOF, I/WE have executed this Release of Liability and Assumptions of Risks

this _____ day of _____, _____.

WITNESSES:

RELEASOR:

Signature

Signature

Printed Name

Printed Name

Parent/Legal Guardian: If the Student is a minor, I verify that I am the parent or guardian of the minor and have the authority to sign this Release Form and I agree to be bound by its terms and conditions. I further understand that as the parent/guardian I agree to indemnify and hold harmless the Releasees as set forth in this Release Form.

WITNESS

PARENT/LEGAL GUARDIAN

Signature

Signature

Printed Name

Printed Name

EXHIBIT "A"

The following are examples only of problems and/or hazards that participants may experience:

- 1) Poor quality food or drinking water;
- 2) Food poisoning and/or skin rashes;
- 3) Catastrophic travel via plane, local automobile or otherwise;
- 4) Pick pockets or theft;
- 5) Sexual harassment and unwelcome sexual advances;
- 6) Natural catastrophic events, e.g. earthquakes, tropical storms, volcanic activity, etc.
- 7) High altitude nausea, nose bleeds, headaches;
- 8) Illegal drug availability and severe police/legal penalties;
- 9) Possible political instability;
- 10) Kidnapping, torture and death;
- 11) Guerrilla warfare;
- 12) Drug cartel violence;
- 13) Terrorist activity of any kind;
- 14) And any other foreseen or unforeseen circumstances that can cause problems, permanent damage or even death.