



ECKERD COLLEGE

TRAVEL POLICY FOR:

INDEPENDENT STUDY & INTERNSHIPS

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1.0 POLICY STATEMENT

This policy statement is intended only for students who initiate and make arrangements to go abroad individually and independently. Those students participating in a formal, structured study abroad program organized by the office of International Education must follow the policies for study abroad. Additional information about the Eckerd College International Education programs is available at www.eckerd.edu/internationaleal/

The health, safety, and security of Eckerd College students participating in education abroad activities is of paramount concern to the College. For this reason, the following guidelines have been developed for all Eckerd students engaging in international independent study or internship for which they will receive Eckerd credit.

The following recommendations have been developed to assist students in planning for successful experiences abroad.

2.0 GUIDELINES FOR STUDENTS

- a) Prior to requesting approval to participate in an Independent Study or Internship Program that requires travel abroad, students should review the U.S. Department of State travel information about countries placed on the warning list, see: www.travel.state.gov.
- b) If the U.S. Department of State has issued a travel warning for a specific country, then the College will not approve the trip. Students will be provided with an opportunity to choose an alternate location for their Independent Study or Internship site.
- c) Students need to review their health insurance coverage and determine if it works overseas.
- d) Students must sign an ***Informed Consent and Assumption of Risk form***.
- e) Students should review the Center for Disease Control information for any country to which they are planning to travel: www.cdc.gov.
- f) Students are reminded to get a passport. Further information can be obtained at: http://travel.state.gov/passport/passport_1738.html
- g) Students need to check Visa Requirements. Further information can be obtained at: http://travel.state.gov/travel/tips/brochures/brochures_1229.html
- h) Students need to consider the need for special clothing or equipment that may be needed because of weather or other conditions.

3.0 PROCESS

After conferring with the appropriate faculty member, Collegium, discipline or department, the student obtains the appropriate required form from the following locations: The Academic Contract for Independent Study is available from the Registrar (Upham Administration) and the Proposal and Academic Contract for Internship is available in Career Resources (Lindsey Hall).

4.0 Informed Consent

It is very important for students to be informed of the dangers they may face while participating in an internship, or independent program/trip that requires students to travel. Students are required to sign the *Informed Consent and Assumption of Risk Form* ([LINK](#)) before participating in the Independent Study or Internship. This form is included as part of this document (Appendix A).

APPENDIX A

Informed Consent and Assumption of Risk Form – Independent Study and Internship Travel

This form needs to be signed by all students, participating in Independent Study or Internships that require travel. Students under the age of 18 are required to obtain a signature from a parent or legal guardian.

(INSERT NAME OF INDEPENDENT STUDY OR INTERNSHIP TRAVEL)
**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK
AND INDEMNITY AGREEMENT**

I, _____ (“Participant”), hereby acknowledge that I have voluntarily elected to participate in the following independent study/internship travel _____ (Insert name of Independent Study) _____ (“Independent Study”), to be held in and around _____ (insert location), on _____ (insert date(s)). **In consideration for being permitted by “ECKERD COLLEGE” to participate in the Independent Study, I hereby acknowledge and agree to the following:**

ELECTIVE PARTICIPATION: I acknowledge that my participation is elective and voluntary.

RULES AND REQUIREMENTS: I agree to conduct myself in accordance with ECKERD COLLEGE policies and procedures. I further agree to abide by all the rules and requirements of the Independent Study. I acknowledge that ECKERD COLLEGE has the right to terminate my participation in the Independent Study if it is determined that my conduct is detrimental to the best interests of the group, my conduct violates any rule of the Independent Study or for any other reason in the Eckerd College’s discretion. Failing to follow rules of the Independent Study, staff directives, or the Student Code of Conduct may result in disciplinary action.

INFORMED CONSENT: I have been informed of and I understand the various aspects of the Independent Study including the dangers, hazards, and risks inherent in the Independent Study including but not limited to transportation to and from Eckerd College via private vehicle, common carrier and/or ECKERD COLLEGE owned vehicle, participation in the Independent Study, overnight accommodations, weather conditions, conditions of equipment, facility conditions, negligent first aid operations or procedures, and in any independent research or activities I undertake as an adjunct to the Independent Study. I understand that as a Participant in the Independent Study I could sustain serious personal injuries, illness, property damage, or even death as a consequence of not only ECKERD College’s actions or inactions, but also the actions, inactions, negligence or fault of others and despite safety precautions, ECKERD COLLEGE cannot guarantee safety thereof and all risks cannot be prevented.

RELEASE AND WAIVER OF LIABILITY: I, on behalf of myself, my personal representatives, heirs, executors, administrators, agents, and assigns, **HEREBY RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE** ECKERD COLLEGE, its governing board, directors, officers, employees, faculty, agents, volunteers and any students (hereinafter referred to as “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, property damage or death that I may suffer as a result of my participation in the Independent Study. **REGARDLESS OF WHETHER THE INJURY, DAMAGE OR DEATH IS CAUSED BY THE RELEASEES, AND REGARDLESS OF WHETHER THE INJURY DAMAGE OR DEATH OCCURS WHILE IN, ON, UPON, OR IN TRANSIT TO OR FROM THE PREMISES WHERE THE INDEPENDENT STUDY OR ANY ADJUNCT TO THE INDEPENDENT STUDY OCCURS OR IS BEING CONDUCTED.** I further agree that the Releasees are not in any way responsible for any injury or damage that I sustain as a result of my own negligent acts.

ASSUMPTION OF RISK: I understand that there are potential dangers incidental to my participation in the Independent Study, some of which may be dangerous and which may expose me to the risk of personal injuries, property damage, or even death. I understand that there are potential risks as a consequence of, but not limited to: participation in this Independent Study, travel to and from ECKERD COLLEGE via private vehicles, common carriers, and/or ECKERD COLLEGE owned vehicles, weather conditions, overnight accommodations, facility conditions, equipment conditions, first aid operations or procedures of Releasees, and other risk that are unknown at this time. **I KNOWINGLY AND VOLUNTARILY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE ACTS OF THE RELEASEES** and assume full responsibility for my participation in the Program.

INDEMNITY: I, on behalf of myself, my personal representatives, heirs, executors, administrators, agents, and assigns, agree to hold harmless, defend and indemnify the Releasees from 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, property damage, or death that I may suffer as a result of my participation in the Independent Study.

PERSONAL MEDICAL INSURANCE. I further acknowledge that I am responsible for the cost of any and all medical and health services I may require during my participation in the Independent Study.

CERTIFICATION OF FITNESS TO PARTICIPATE: I attest that I am physically and mentally fit to participate in the Independent Study and do not have any medical record of history that could be aggravated by my participation in Independent Study.

MEDICAL CONSENT: I understand and agree that ECKERD COLLEGE is not responsible for my health and safety. Recognizing this, however, I wish to, and hereby do, grant ECKERD COLLEGE full authority to take, or not to take, in its sole discretion, whatever actions it may consider warranted under the circumstances for my health and safety during my participation in the foregoing event, and I hereby release it from any liability for any such decisions or actions as may be taken in connection therewith.

The authority granted in the preceding sentence shall include the right (in the sole discretion of ECKERD COLLEGE) to place me, at my own expense, and without any further consent, in a hospital, for medical services and treatment, or if no hospital is readily accessible, to place me in the hands of a local medical doctor for treatment. 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 Florida.

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