

STUDY ABROAD

Risk Designated Country Travel Petition – Group Waiver**International Travel Policy Committee**

The Risk Designated Travel Petition must be submitted to the International Travel Policy Committee if the group plans to travel to a country that is under a Department of State Travel Warning or has another risk designation.

Petitions should be submitted to Dru Simmons, international risk manager, at simmons.541@osu.edu.

Program Details

Program Leader Name _____ Title _____

Email _____ Phone _____

Sponsoring Department, Unit or Organization _____

Co-leader's Name _____ Title _____
(If applicable)

Email _____ Phone _____

Proposed Term and Dates _____

One-Time Program Recurring Program

Estimated Student Participation _____

Prospective Student Profile (class rank, major(s), language ability) _____

Please attach an overview of the proposed program itinerary including:

- Cities and towns to be visited (include any transit cities)
- Proposed method and time of transport between locations (e.g. bus, train, flight; day, overnight)
- Proposed locations where the participants will be living/studying in each location visited (hotel, dorm, homestay family)
- Potential field trips and excursions
- Daily syllabus if completed
- Dates and locations where students are arriving and might remain for multiple days or weeks
- List dates, times and locations during the day or weekend for short or extended excursions
- Map(s): If travel will take place outside major cities, please attach a map(s) showing all locations.

Rationale for Travel to a Location with a Risk Designation

If applicable, please provide the complete link(s) to the most recent Department of State Travel Warning for the country(ies) impacted (see <http://travel.state.gov>).

What are the compelling academic reasons to travel with a group to a specific location(s) within a country(ies) with a high risk designation (300 words or less)?

Based on the specific cautionary language of the Travel Warning or other risk designation criteria, address what measures the program will take to mitigate risk (300 words or less).

Emergency and Evacuation Planning

If you are partnering with a university, NGO, third-party provider or other logistical provider, please request a copy of their emergency and evacuation plan if they have one and attach it to this petition. Any plan, whether drafted by the program leader or the in-country support personnel, should be supplemented with the following information:

How can Ohio State contact you in the event of an emergency (personal cell, rented cell, satellite phone)?

Type _____ Number _____

Is there any in-country emergency contact in addition to the Ohio State program leader?

Name _____ Contact Number _____

Does this contact speak English? _____

If not, what is their primary language? _____

How can participants contact you in the event of an in-country emergency (will they have access to cell phones or other forms of communication while abroad)?

In the event of a loss of communications, how will participants contact/meet you?

In the event of a crisis, has a centralized gathering place in each location been determined? Please list the locations.

In the event of a crisis in the program location, has an alternate location in the country/region been identified for alternate shelter? Please list the location(s).

In the event that an elevation of a crisis in-country causes the program to be cancelled prior to departure or an evacuation is required, what is the contingency plan to ensure students can complete their academic work and receive credit?

What additional risk mitigation factors will the program take to promote safety and well-being (examples might include a curfew, restricted student travel, avoiding certain modes of travel)?

Where are the nearest U.S. embassies and/or consular offices to the locations of the programs?

City_____

Address_____

Phone (with country code)_____

What is the local emergency equivalent to 911 in each country (if police, fire and EMT are different, list each one)?

Number(s)_____

Where is the nearest hospital/clinic to each location where the participants will be staying?

Address_____

Phone (with country code)_____

Academic or University Administered Programs Approvals

Academic Programs – College Study Abroad Liaison

Student Life Programs – Unit Head

(Please have appropriate person sign form or submit a brief note/email of support)

Name_____

Title_____

Signature_____

Date_____

Student-Led Program Approvals

Organization Advisor

(Please have the appropriate person sign the form or submit a brief note/email of support)

Name _____

Title _____

Signature _____

Date _____

Agreements and Conditions

- All Program Leaders will attend a Resident Director Health and Safety Orientation provided by the Office of International Affairs
- All Program Leaders and Participants will enroll in the Department of State Smart Traveler Enrollment Program (STEP) <https://step.state.gov/step/>
- All Participants will complete a Student Petition for Participation on a Program in a Location with a Risk Designation <http://oia.osu.edu/pdf/ITPCIndividualStudentParticipatinginanITPCProgramPetition.pdf>
- All Participants will be enrolled in the HTH Supplemental Insurance plan - <http://oia.osu.edu/preparing-to-depart/health-insurance.html>
- All Participants will attend or review a Health and Safety orientation provided by the Office of International Affairs or the administering unit

Waiver and Release

I understand there is a U.S. Department of State Travel Warning or other high risk designation for _____ (country), the country for which the proposed program will operate. I have read the most recent Travel Warning (travel.state.gov) or other risk designation criteria for _____ and I recognize the inherent risk of leading a program in this country. Despite the Department of State Travel Warning or other risk designation and the safety concerns expressed by The Ohio State University, I have decided to seek permission to administer a program in _____.

I understand that participation in this program cannot be made a requirement for any Ohio State degree and I have decided to lead a program in _____ with full knowledge of the risks involved. I, for myself, my executors, administrators, and assigns, hereby release The Ohio State University and its Board of Trustees, officers, employees, agents, students, programs, and entities (collectively, "Ohio State") from any and all liability for losses, damages, injuries or costs of any kind that may arise out of or be in any way related to my leadership of this program, including, but not limited to, those based on negligence.

I understand that this Waiver and Release means that, among other things, I am giving up my right to sue Ohio State for any such losses, damages, or injuries I may incur by virtue of my leadership of this program.

I have read this Waiver and Release in its entirety. I fully understand it and agree to be legally bound by it.

Program Leader Signature: _____

Date: _____

