

Division of Lifelong Learning
*Continuing Education Division
and Summer University*



Chadbourne Hall, Room 122
Orono, Maine 04469-5713
Tel: 207-581-3143
Fax: 207-581-3141
cedss@umit.maine.edu

Dear Faculty---

Thank you for expressing an interest in participating in the Travel Study Program offered by Continuing and Distance Education. What follows is a brief description of the program, a preparatory checklist, and a set of documents/forms designed to help you achieve a safe and successful travel outcome for you and your students.

We are here to assist you with your course. We will make the appropriate travel-related expenditures for your trip, while your responsibility will be to make the necessary travel arrangements. We will seek to ensure that all University and System policies and procedures are followed for the safety of you and your students.

Enclosed are the forms that you need to complete and place on file with our office prior to any payment of expenses and deposits, including: Student Intent Form, Release and Assumption of Risk Form, Traveler Emergency Contact Information Form, Travel Course Fee Request Form, Assumption of Responsibility for Non-Emergency Cost Overruns, and Health Insurance Information Form.

If you are interested in offering a Travel Study course, take the first step and contact our office. Please remember that we are here to help you and your students have a safe and successful experience.

Monique LaRocque
Associate Provost
Division of Lifelong Learning

Hector Rastrullo
Director of Operations
Division of Lifelong Learning

Cindy Barnes
Financial Manager
Division of Lifelong Learning

Enclosures

Important Documents Included in Handbook

Important Information for Travel Studies Courses

Travel Studies Checklist

The University of Maine New Course Proposal/Modification/Elimination Form for Undergraduate Courses (July 2008)

Suggested Course Budget Planning Form

Course Fees:

 Course Fee Approval Narrative

 Course Fee Request Form (updated 1/23/2015)

Important University of Maine Contact Information

Assumption of Responsibility for Non-Emergency Cost Overruns

Important University of Maine Contact Information

Student Intent Form

Release and Assumption of Risk Form

Traveler Emergency Contact Information/Health Insurance Information Form

Other Forms – (listed at <http://www.umaine.edu/obbs/>):

 Travel Agency Payment Form

 Travel Request/Advance Form

 Travel Expense Voucher Form

IMPORTANT INFORMATION FOR TRAVEL STUDIES COURSES

The following information has been provided to summarize details related to the course that you are planning to lead. A **Travel Studies checklist** with relevant attachments is included in this packet of information to assist you in keeping track of your progress in meeting all course-leader responsibilities.

- Hector Rastrullo, should be your first contact for your proposed travel. He can be reached at 581-1615 or hector.rastrullo@maine.edu.
- Prior to your travel request, please visit the U.S. Department of Treasury Office of Foreign Assets website to determine safe travel to foreign countries. Additionally, CED must have all travel courses approved through the UMS Office of Risk Management.
- Travel Study courses are academic offerings and must meet the academic standards, approvals and policies that exist for all classes offered on campus. Faculty course leaders follow all departmental approval processes and guidelines in developing and leading a course, from the approval process to the final evaluation process. A Course Fee Approval form must be completed and submitted for approval prior to students enrolling in your course. The course fee is a fee that you have determined to reflect the expenses of the trip and will be used to pay airfare (including travel insurance), accommodations, land transportation, etc. A copy is included in this packet.
- **A minimum of 12 student travellers accompanied by two course leaders is required for a class to be offered. If the number of students prepared to travel falls below 12 prior to your departure, CED reserves the right to cancel the trip. Please note that your budget should *not* be based on fewer than 12 students.**
- A syllabus of the course is to be on file with Hector Rastrullo in the CED/Summer University Office. The final itinerary and specific agenda for the course, complete budget, all emergency contact information, copies of passports, a departmental contact name as well as any other required information must be given to Hector Rastrullo prior to expenditure of funds for any travel-related expenses. A Travel Advance must be completed, approved and be on file with the CED staff.
- Once the flight schedule has been determined, all students will fly together and no one will be allowed to divert from the schedule.

- Budgets that have been prepared for your course must be followed as presented. All travel expenses are to be reported to CED/Summer University within five business days (APL #26) of your return; all original receipts are to be attached to the CED/Summer University Travel Expense Voucher. Any unexpended travel advance funds should be returned with the Travel Expense Voucher. If a surplus in student course fees exists after all trip expenses have been covered, contact the CED/Summer University office.
- Double check all plans and requirements related to any land transportation you plan to use—domestically or internationally. Be sure that you have met all legal requirements for drivers, followed all University requirements related to use of vehicles, and have arranged for adequate insurance coverage for any vehicles that will be used.
- Coordinating travel advance paperwork is critical. Be in touch with Cindy Barne a minimum of two weeks in advance of your travel to schedule a date to pick up any required cash advance. This will ensure that the person who signs the advance will be in the office.
- Please plan and conduct pre-travel meetings with students so that plenty of time is available for students to thoroughly discuss all academic and conduct expectations related to the course, and gather all emergency information.
- Supply each student registered in your class with two copies of the enclosed Student Intent Form. These letters are to be signed, with the student keeping one copy and the other kept on file in the office of the CED/Summer University. Please note that the purpose of this letter is to impress on each student that he or she is personally responsible for any fees incurred should that student decide for any reason to cancel (if fees for airfare, hotel, entry fees, etc. have been paid on their behalf).
- Please let the staff of the CED/Summer University Office know immediately if you have any questions. Being as clear as possible about details and as specific as possible about expectations has allowed everyone to have positive experiences in these courses, and achieve easier solutions should challenges arise.

Course Information:

Semester and Year		
Course Number(s)		
Instructor(s)		
Travel Destination		
Last Offered		

Use this checklist to keep track of your progress in obtaining the necessary approvals to offer a CED/SU travel study course and it will also assist you in completing the necessary actions to ensure a safe and trouble-free experience for you and your students.

ACTION	✓	CONTACT	PHONE NUMBER
At Least Nine Months Prior to Travel			
Obtain Continuing and Distance Education/Summer University approval to offer course		CED Office Hector Rastrullo	581-1615
Important Information for Travel Studies Course			
Travel Study Course Budget Planning Form		CED Office Hector Rastrullo	581-1615
Meet with CED/Summer University to review budget and travel details		Hector Rastrullo	106 Chadbourne 581-1615
Provide copy of course syllabus to CED		Hector Rastrullo	106 Chadbourne 581-31615
File office contact name with CED		Hector Rastrullo	106 Chadbourne 581-1615
Meet with International Office to obtain travel advice (http://www.umaine.edu/international)		C.K. Kwai	240 Estabrooke 581-1509
At Least Six Months Prior to Travel			
Finalize and submit Travel Course Fee Request Form		Hector Rastrullo	106 Chadbourne 581-1615
File office contact name with CED		Hector Rastrullo	106 Chadbourne 581-1615
File Course Fee Approval form/Copy to CED (Hector Rastrullo)		Provost's Office	201 Alumni 581-1547
Assumption of Responsibility for Non-Emergency Cost Overruns Form		Hector Rastrullo	106 Chadbourne 581-1615
At Least Three Months Prior to Travel or When Needed			
Print Travel Agency Payment Form (http://www.umaine.edu/obbs) Print Travel Request/Advance Form (http://www.umaine.edu/obbs)		Hector Rastrullo	106 Chadbourne 581-1615
At Least Two Months Prior to Travel			
Confirm all travel reservations		Travel Agency	
Submit travel itinerary to CED/Summer University office		Hector Rastrullo	106 Chadbourne 581-1615
At Least One Month Prior to Travel			
File emergency numbers for all hotels with CED/Summer University		Hector Rastrullo	106 Chadbourne 581-1615
Required traveler forms for students and faculty: Student Intent Form Release and Assumption of Risk Form Traveler Emergency Contact Information and Health Insurance Form Passport copy			
Within five days of return, submit Travel Expense Voucher		Hector Rastrullo	106 Chadbourne 581-1615

THE UNIVERSITY OF
MAINE
NEW COURSE PROPOSAL/MODIFICATION/ELIMINATION
FORM
for Undergraduate Courses (2/2013)

DEPARTMENT: _____ COLLEGE: _____

COURSE DESIGNATOR: _____ PROPOSED COURSE NUMBER: _____

COURSE TITLE: _____ EFFECTIVE SEMESTER: _____

REQUESTED ACTION NOTE: A complete Syllabus is required for all new courses, including travel-study courses offered through CED or summer session and for the addition of General Education and/or travel-study to an existing course. Please be sure that all elements required for a syllabus at the University of Maine are present. We recommend that you work closely with the syllabus check list bundled with this form.

NEW COURSE (check all that apply and complete Section 1):

New Course One-time course w/GenEd New Course/GenEd (Complete Section 2)

One-time Course Experimental Travel Study Course

ADDITION OF GenEd TO EXISTING COURSE (Complete Section 2): _____

ELIMINATION: (Complete Section 4): _____

MODIFICATION (Check all that apply and complete Section 3): ***Please note if you are making substantial modifications you may want to consider creating a new course.***

Designator Change Credit Change Cross Listing Other (Please Explain)

Number Change Number Change Title Change

Description Change Prerequisite Change Travel Study

Addition of Elec. Learning Component Conversion of an existing onsite Course to an online Course

ENDORSEMENTS **Print Name** **Sign** **Date**

Leader, Initiating Department/Unit(s)

College(s) Curriculum Committee Chair(s)

Dean(s)

Associate Provost for Undergraduate Education

Jeffrey St John

Section 1

For NEW COURSE Proposals:

If more writing space is required please staple additional pages to the end of this document.

Proposed Catalog Description (include designator, number, title, prerequisites, credit hours):

Reason for new course:

Components (type of course/used by Student Records for MaineStreet)

Please check ONLY ONE box unless the proposed course will have multiple non-graded components:

Applied Music		Lecture	
Clinical		Recitation	
Field Experience/Internship		Research	
Independent Study		Seminar	
Laboratory		Studio	

If creating a new distance learning course using any combination of onsite, synchronous, or asynchronous delivery, please describe clearly.

Synchronous:

Asynchronous:

Hybrid course:

Location offered:

Mode(s) of delivery:

Technology required:

Other specific information:

Can this course be repeated for credit? Yes No If no please skip next two questions.

If YES, total number of credits allowed: _____ If YES, total number of completions allowed: _____

Can students enroll multiple times in term? Yes No

When will this course typically be offered? (Please choose one)

Alternate Years		Spring Semesters (odd numbered years)	
Every Year		Spring Semesters	
Fall Semesters		Spring and Summer Semesters	
Fall Semesters (even numbered years)		Summer Semesters	
Fall Semesters (odd numbered years)		Summer Semesters (even numbered years)	
Fall and Spring Semesters		Summer Semesters (odd numbered years)	
Fall and Summer Semesters		Summer and Fall Semesters (even numbered years)	
Fall, Spring and Summer Semesters		Summer and Fall Semesters (odd numbered years)	
Not Regularly Offered		Variable	
Spring Semesters (even numbered years)		Other (Please Describe):	

Text(s) planned for use (If more room is needed please attached a separate page):

Course Instructor (include name, position and teaching load):

Does the course addition require additional department or institutional facilities, support and/or resources, e.g. new lab facilities, computer support and services, staffing, or library subscriptions and resources?

- No. The department will not request additional resources for this course, now or in the future, unless the request is accompanied by an explanation of how the increased funding or other support is to be provided.
- Yes. Please list additional resources required and note how they will be funded or supported

Does the content of this course overlap significantly with other University courses? If so, list the courses, explain the overlap, and justify the need for the proposed course.

What other departments/programs are affected? Have affected departments/programs been consulted? Any concerns expressed? Please explain.

Will any course(s) be dropped or offered less frequently to accommodate the proposed course in the schedule? If so, explain.

Will offering this course result in overload salary payments, either through the college or CED, either to the instructor of this course or to anyone else as a result of rearranging teaching assignments? If yes, please explain:

Section 2

THIS SECTION MUST BE COMPLETED FOR GENERAL EDUCATION APPROVALS

1) Check all areas for which a course is proposed – **Max. 2**

- Quantitative Literacy Lab Science Science Applications
- Western Cultural Tradition Artistic & Creative Expression
- Population & Environment Social Contexts & Institutions Ethics
- Cultural Diversity & International Perspectives Writing Intensive Capstone Experience

2) Please explain how the Student Learning Outcomes for the course as presented in the course syllabus, align with the Student Learning Outcomes for the proposed General Education category or categories.

3) For each area proposed, describe evidence of student achievement that has been and/or will be used to measure learner outcomes, and describe how this information will be used to improve learning. Indicate where the syllabus explains these assessment measures to students.

4) For each area proposed, describe plans for reviewing the data/information from assessment of student outcomes and indicate how it will be used to improve learner outcomes and/or revise course content and instruction.

Section 3

FOR COURSE MODIFICATIONS:

Current catalog description (include designator, number, title, prerequisites, credit hours):

Proposed catalog description (include designator, number, title, prerequisites, credit hours):

Reason for course modification:

Instructor: _____

Does this change in course prefix, number and/or credit hours affect any prerequisite? If yes, please list course(s).

For addition of Electronic Learning Component:

A. If adding an electronic component to a regularly scheduled, on site course, please indicate the following:

First Class conferencing:

Blackboard:

Other course management software/online delivery platform:

Broadband connection necessary to access course materials? Yes No

Section 3

FOR COURSE MODIFICATIONS:

Please check those that apply

Adobe Connect	
Skype	
Polycom	
Video Conferencing	
Other	

Real time participation expected/required?

Percentage of course to be delivered electronically? 50%-100%?

49% or less?

B. If converting an existing on site course to an online course, please indicate the pedagogical changes employed to adapt your course to an online format:

Section 4

FOR COURSE ELIMINATIONS:

Reason for Elimination

University of Maine
Continuing & Distance Education

Travel Study Budget Planning Form

This form is intended to assist faculty members in the financial planning portion of their course development process. The only funds the Continuing & Distance Education/Summer University has at its disposal to pay for travel expenses are derived from the course fees that are attached to the course. Please complete this form and make an appointment with Cindy Barnes, Financial Manager, and Hector Rastrullo, Director of Operations, to review your projections.

	<u>Per Student Cost</u>	<u>Per Faculty Cost</u>
<u>TRANSPORTATION:</u>		
1) Airfare (include bus to airport)	_____	_____
2) Travel Insurance	_____	_____
3) Ground Transportation	_____	_____
<u>LODGING:</u>		
1) _____	_____	_____
2) _____	_____	_____
<u>MEALS:</u>		
1) _____	_____	_____
2) _____	_____	_____
<u>OTHER:</u>		
1) Entry fees (i.e., museums)	_____	_____
2) Honoraria/tips (local presenters)	_____	_____
3) Facilities (classrooms)	_____	_____
4) Supplies	_____	_____
5) Other	_____	_____
Total Expenses per student	_____	Total Expenses per faculty _____
Projected enrollments (min. 12)	x _____	Number of faculty _____
Student expenses	= _____	Total faculty expense _____
Total faculty expense	+ _____	

PROJECTED COURSE BUDGET = _____

IMPORTANT:

A course must enroll a minimum of 12 students.
 All travel must be made through a University of Maine approved agency.
 University of Maine funds may not be used to pay for alcoholic beverages.
 Students may not break the travel itinerary and must return to Orono with the class.
 The only funds available to use for travel expenses are those projected in your budget.

COURSE FEE PHILOSOPHY

Course fees are justified only when the costs associated with instruction clearly exceed what is reasonable and ordinary.

Some allowed expenses may be fully recouped through the course fee. These include:

1. The cost of printing and assembling a set of readings, a lab manual, a class workbook, or other such document that is distributed in its complete form at the beginning of the semester; (Instructors should consider having such materials produced by the Printing Office and sold through the bookstore rather than covering the expense through a course fee. No royalty payments to the Instructor are allowed for unpublished materials printed for course use. The University of Maine supports full compliance with all copyright laws.)
2. Project or art supplies or photographic supplies used in the creation of a work that becomes the property of the student;
3. Transportation (e.g., bus rental) and lodging associated with field trips;
4. Professional models for art classes;
5. Site-License fees for software use (providing its only use is for instruction).

Other allowed expenses may be partially recouped (usually at the rate of 50% or less) by course fees. These include:

1. One-on-one lessons (as in music performance course) 75% maximum reimbursement rate.
2. Cost of routine laboratory and studio supplies (e.g., chemicals and other expendable materials);
3. Rental fees for special equipment not available on campus;
4. Travel expense for guest speakers not affiliated with the University of Maine;

Please use the expense / budget form to justify request for new fees or changes in existing fees.

Expenses that do not conform to the categories above may be eligible for recovery through course fees. Please consult the Associate Provost for Undergraduate Education.

Assumption of Responsibility for Non-Emergency Cost Overruns

In proposing _____ [name of course] for delivery through CED in _____ [semester and year], the College of _____ assumes responsibility for all non-emergency cost overruns, which include, but are not limited to, the following:

- a. all overruns attributable to underestimated expenses in relation to the agreed-upon course budget;
- b. all overruns attributable to discretionary expenses not stipulated in the agreed-upon course budget; and
- c. all overruns reflecting the failure of the sponsoring faculty to plan for non-emergency contingencies related to travel, accommodations, food, activities, and/or incidental costs.

Per an agreement among the Senior Vice President for Administration and Finance, the Executive Vice President for Academic Affairs and Provost, and the Associate Provost and Dean for the Division of Lifelong Learning, *emergency* cost overruns, defined narrowly as those attributable to vendor fraud, physical injury, political unrest, and/or "acts of God" (e.g., earthquakes, floods), will be assumed by Administration and Finance at the discretion of the Vice President.

Having reviewed this document and the accompanying "Travel Study Course Fee Request" form, I agree to the terms outlined above.

Dean's Signature: _____ DATE: _____

Please return completed form to: CED Travel Study, 106 Chadbourne Hall

(Please list each item or group of items in the categories below.)

Chart field Information

Dept. ID. _____

Fund code: _____

Account #: _____

CLASS: _____

<u>COURSE DESIGNATOR:</u>	<u>COURSE NUMBER:</u>	() NEW FEE
INSTRUCTOR	_____	() FEE REVISION
LOCATION	_____	Current Fee (\$ _____)
UNIT LEADER APPROVAL	_____	DATE SUBMITTED: _____
DEAN APPROVAL	_____	DATE EFFECTIVE: _____

ALLOWED COST

TRANSPORTATION	
1 _____	_____
2 _____	_____
3 _____	_____
4 _____	_____

LODGING	
1 _____	_____
2 _____	_____
3 _____	_____
4 _____	_____

MEALS	
1 _____	_____
2 _____	_____
3 _____	_____
4 _____	_____

OTHER	
1 _____	_____
2 _____	_____
3 _____	_____
4 _____	_____
5 _____	_____

TOTAL ALLOWED COST	_____
ANNUAL TOTAL ENROLLMENT	_____
REQUESTED FEE PER STUDENT	_____

LAST DATE TO DROP CLASS AND RECEIVE REFUND OF TRAVEL STUDY COURSE FEE _____

AMOUNT APPROVED _____

ASSOCIATE DEAN DLL APPROVAL	_____	DATE: _____
ASSOC. PROVOST/DEAN DLL APPROVAL	_____	DATE: _____
ASSOC. PROVOST AA. APPROVAL	_____	DATE: _____

cc: William Elsmore; Jake Sension; Carmel Blackenship-Livi Tiffany Gourley, Connie Smith (Updated 1/23/2015)

University of Maine
Continuing and Distance Education
Travel Study
IMPORTANT UNIVERSITY OF MAINE CONTACT INFORMATION

Monique LaRocque
Associate Provost
Division of Lifelong Learning

(207) 581-3113 Telephone
(207) 581-3392 Fax
monique.larocque@umit.maine.edu

Hector Rastrullo
Director of Operations

(207) 581-1615 Telephone
(207) 581-3392 Fax
hector.rastrullo@maine.edu

Cindy Barnes
Financial Manager

(207) 581-3595 Telephone
(207) 581-3141 Fax
cindy.barnes@umit.maine.edu

IF YOU ARE UNABLE TO REACH THE UNIVERSITY DURING NORMAL BUSINESS HOURS, ASK THE UNIVERSITY OF MAINE POLICE DEPARTMENT DISPATCHER TO CONTACT THE ADMINISTRATOR ON 24-HOUR EMERGENCY CALL DUTY.

University Police Department

(207) 581-4040 Telephone
(207) 581-4119 Fax
www.umaine.edu/police

Student Health Services
After Hours/Nights/Weekends

(207) 581-4010 Telephone
(207) 581-4000 Telephone
(207) 581-3997 Fax
http://emmc.org/splash_CutlerHealthCenter.aspx

C.K. Kwai, Director
International Programs

(207) 581-3433 Telephone
(207) 581-2920 Fax
www.umaine.edu/international

Student Intent Form

Two copies of this letter are to be distributed to each student enrolled in a Travel Study Course. Both copies are to be signed, one for the student and one to be placed on file with Hector Rastrullo of the Continuing and Distance Education/Summer University Office.

Travel Study Student: _____

This letter is to confirm an understanding with you regarding your participation in the course:

As the course leader, I am responsible for setting the overall standards and policies for the course. These will be discussed with you in pre-travel meetings. In addition, all policies of The University of Maine as printed in official student publications apply to students who are traveling with the class, just as if the student was attending a course on campus. It is your responsibility to follow all guidelines presented.

Once you have officially registered for this Travel Study Course, the Bursar's Office will bill your account for the course tuition and the course fee. All standard policies related to drop and add procedures and deadlines apply to this course. **There is, however, an exception related to the travel study courses. Should you drop this course, you will be responsible for any fees that have been committed and/or expended on your behalf, which cannot be recovered. An invoice will be sent to you directly, and you will be responsible for any payment incurred due to your cancellation. Refunds less than \$100 will not be reimbursed. Refund requests should be directed to the Continuing and Distance Education/Summer University office for review.**

This letter is also to reiterate that it is your responsibility to behave at all times in a respectful way in regard to the culture and traditions of the host country or locale. You will be held to the published standards of behavior found in the UM student handbook.

As your course leader, I will collect emergency information from you prior to departure and it will be kept on file in the Continuing and Distance Education/Summer University Office. Please provide a schedule and contact information to your family and friends. It is your responsibility to carry appropriate identification and insurance cards with you at all times. Previous travelers have lost or had stolen airline tickets, money and cameras. Please use every caution and be aware that you are solely responsible for all personal items. The University will not replace nor pay for lost or stolen items. All of these precautions are intended to avoid any difficulties and insure a positive educational experience.

Course Leader: _____

Student Traveler: _____

Date: _____

UNIVERSITY OF MAINE SYSTEM
TRAVEL ABROAD
RELEASE AND ASSUMPTION OF RISK

I, _____, of _____

(Name)

(Address)

being ___ years of age (having been born on _____), acknowledge, declare and agree as follows:

1. That I have voluntarily agreed to participate in the _____, (the "Program") from , 20__ to _____, 20__, and in consideration of being permitted to participate in the Program, do voluntarily execute this "Travel Abroad Release and Assumption of Risk" on behalf of my self, my heirs and next-of-kin, my personal representatives and my estate.

2. That I have been fully informed of the nature, scope and demands of the Program, and I understand that the Program may include activities which could be dangerous to me and other participants and which could cause property damage, bodily injury and/or death.

*See below for specific risks and dangers of the Program

3. That the University of Maine System, and its University of _____(hereinafter referred to as the "University"), has informed me that there may be dangers and hazards inherent to participants in the Program because of the activities and travel involved, and that I personally recognize and appreciate that such dangers and hazards exist. I accept and assume full responsibility for all harm and injury, of every nature, including death, which may occur to me or which I may suffer or cause to others, and for all damages or loss to any personal property owned by me or damaged by me, while I am participating in the Program and during all travel and transportation, and, in furtherance thereof, I agree to indemnify, hold harmless and release the University, its Trustees, faculty, employees, volunteers and agents, from and against any and all claims, demands, actions or causes of action, on account of damage or loss to my personal property, my personal injury or death, or the bodily injury, death or damage to personal property of others caused by me, which may occur or result directly or indirectly from my participation in the Program and not as a direct result of any negligent act of the University, its Trustees, faculty, employees, volunteers or agents.

4. I declare that I am able to physically withstand and cope with the indicated rigors of the Program with or without a reasonable accommodation. If an accommodation is needed, I will contact _____.

5. I acknowledge the following Medical Release: In traveling abroad, it may be difficult or impossible to secure medical care or consent thereto in a timely manner. Therefore, I authorize _____ and/or his/her designee to authorize any and all medical treatment deemed necessary in the event of my injury or illness. I acknowledge that I will be responsible for the payment of all fees, charges and other monetary items related to such treatment and/or care. I represent that I have obtained all health, accident and/or repatriation insurance I deem necessary. I further agree that I am responsible for my own medical needs during the trip or activity, that I will hold and appropriately use any over-the-counter or prescription drugs I may hold, purchase or otherwise deem necessary during the trip or activity. I acknowledge that the University, and the sponsors or directors of the Program, are not responsible for my medical needs or any medical treatments of any kind.

6. I understand I will be provided with an itinerary and orientation materials by the Program. I agree to carefully read those materials and attend any orientation sessions scheduled by the Program.

7. I understand that the University and the Program reserve the right to make cancellations, changes or substitutions to the Program at any time and for any reason, with or without notice, and that the University shall not be liable for any loss whatsoever to Program participants as a result of such changes. Should the Program be canceled or changed, refunds, if appropriate, will be made in accordance with University and Program policies, unless the cancellation or change is due to political, natural, technological or other events beyond the University's and/or the Program's control in which case only uncommitted and recoverable funds will be reimbursed to the participants.

8. I understand and agree that all students are subject to the University's and Program policies and rules, including, but not limited to, the University of Maine System Student Code of Conduct, and the laws, rules and regulations of the jurisdiction in which the Program is conducted. In the event of violation of any of the foregoing, or any other behavior which is detrimental to myself, other students, other persons, or to the Program, the Director of the Program (or designee) shall have the right to dismiss me from the Program and related activities. Neither the University nor the Program is responsible for the defense of a participant accused of violation of the laws, regulations, rules or customs of the jurisdiction in which the Program is conducted, or for the payment of any bail, fines or other penalties resulting from such violations. If I am dismissed from the Program, I will bear all responsibility and costs incurred to return home and will receive no refund.

9. I understand that the manufacture, distribution, possession, use or sale of controlled substances is defined by State and Federal law, or the laws of the jurisdiction in which the Program is conducted, and as such, is prohibited during travel, study and any Program activities. Participant understands that he or she will be directly subject to the laws and legal procedures as applied to the use, possession and distribution of illegal drugs as enforced by local authorities.

10. I understand that the University in no way represents, or acts as agent for any Host Institution, transportation carriers, hotels, and other suppliers of services or facilities connected with the Program. I further understand and agree that the University, its governing board, officers, administrators, employees, and agents are:

A. Not responsible or liable for any injury, damage, loss, accident, delay or other irregularity which may be caused by the defect of any vehicle or the negligence or default of any Host Institution, or any company, institution or person engaged in providing facilities or performing any of the services involved in the Program;

B. Not responsible for losses or expenses due to sickness, weather, strikes, hostilities, wars, natural disasters, or other such causes; and

C. Not responsible for any disruption of travel arrangements, or any consequent additional expenses that may be incurred therefrom.

11. I acknowledge and agree to accept all responsibility for loss or additional expenses due to sickness, weather, strikes, or other unforeseen causes. I acknowledge and understand that the University assumes no liability whatsoever for any loss, damage, destruction, theft or the like to my luggage or personal belongings, and that I have retained adequate insurance or have sufficient funds to replace such belonging and will hold the University harmless therefrom.

12. At all times during my travel with the Program, I agree to be in possession of a valid United States of America passport, or, if not a U.S. citizen, a valid foreign passport or official travel document, and any visas or other immigration documents required for entry into a foreign country and re-entry into the United States. In the event that I am prevented from traveling with the group at any time due to my failure to be in possession of all necessary documents, I understand that I shall bear responsibility for all costs incurred to seek out, contact and reach the group, obtain accommodations during periods of delayed departure from any location, or return home.

13. I understand that activities or independent travel conducted when I have free time before, during or after the Program, shall be unsupervised by the University, its agents or employees. I agree the University, its agents and employees

shall bear no responsibility or liability for any injury, damage or loss suffered by me during such periods of independent activity or travel, and this Release shall remain in full force and effect during such times.

14. I agree that in the event I become detached from the group or am unable to remain with the group for any reason not within the control of the University, I will bear all responsibility and costs incurred to seek out, contact and reach the group at its next available destination, or return home.

15. I understand that if I voluntarily leave the Program for any reason, including, but not limited to, illness, I will be responsible for any and all costs associated with my return home and that there will only be a refund, if appropriate, in accordance with University and Program policies.

16. This "Release and Assumption of Risk" shall be construed and interpreted pursuant to the laws of the State of Maine, and if any portion thereof is held invalid, void, unenforceable or illegal, the remainder shall continue in full force and effect.

I DECLARE THAT I COMPLETELY UNDERSTAND AND HAVE FULLY INFORMED MYSELF OF THE TERMS AND CONDITIONS OF THIS "TRAVEL ABROAD RELEASE AND ASSUMPTION OF RISK" BY HAVING READ IT, OR HAVING IT READ TO ME, BEFORE SIGNING AND I INTEND TO BE FULLY BOUND THEREBY.

Assented and agreed to on this ___ day of _____, 20__.

Signature of Participant

I, _____, the parent or legal guardian of _____, agree, in consideration of my child being permitted to participate in the Program, to be bound by the terms of this Release and Assumption of Risk and hereby indemnify, hold harmless and release the University, its Trustees, faculty, employees, volunteers and agents, in the same manner and with the same force and effect as set forth in section 3 above with regard to my child participating in the Program.

Parent or Guardian Signature _____
(if participant under the age of 18 years)

* Such dangers, hazards and risks of this activity may include, but are not limited to, injuries inflicted by the following

**University of Maine
Continuing and Distance Education
Travel Study**

TRAVELER EMERGENCY CONTACT INFORMATION

Name: _____ MaineStreet ID #: _____
Gender: [] Male [] Female Date & Place of Birth: _____
Passport Number: _____ Passport Expiration Date: _____
Date & Place of Passport Issuance: _____

*****Please attach a copy of your passport to this form*****

Person to be notified in cast of an emergency:

Name: _____ Relationship to you:* _____
Address: _____ Home Phone: _____
Work Phone: _____
Cell Phone: _____

* If this individual is not your parent/legal guardian, do we also have permission to contact your parent or legal guardian in case of an emergency?

YES NO (circle one)

Parent/Guardian Name: _____
Address: _____ Home Phone: _____
Work Phone: _____
Cell Phone: _____

HEALTH INSURANCE INFORMATION

(This information will remain confidential and only be used in urgent or emergency situations.)

Health Insurance Provider: _____ Group Number: _____
Address: _____ Policy Number: _____
Phone: _____
Dates of Coverage: _____ to _____
Allergies: _____
Blood Type: _____

List any medications you take on a regular basis: Are there any other health considerations the program needs to be aware of should you require emergency medical care? (e.g., previous hospitalization, history of family illness, treatment of a psychological condition, etc.). *Use reverse side if necessary.*

A copy of this form will be filed with the University of Maine Police Department prior to your departure.