

BAYLOR

UNIVERSITY

MEMORANDUM

February 5, 2016

TO: Holly Widick

FROM:  Mr. Doug Welch
Associate General Counsel

RE: RELEASE FORMS FOR INDIVIDUALS TRAVELING ABROAD # 2219

Attached please find the release forms packet for use in connection with **Baylor University's mission trip, Brazil Sports Ministry, to Maceio and Rio de Janeiro, Brazil, May 12, 2016, through May 30, 2016**, hereafter referred to as "PROGRAM". The **Adult Participant Release, the Contractual Release and Code of Conduct Acknowledgement, and the Adult Medical Information and Release should be signed by every individual age 18 or older**. Each participant should sign a release; therefore, you will want to photocopy the appropriate number of forms necessary for this activity.

Important travel advice is located at <http://www.baylor.edu/globalengagement/index.php?id=927336>. Each participant should review this advice for country in which travel is planned prior to executing the release. These resources contain important health, safety and security, including official U.S. State Department travel warnings and alerts, which will assist the participant in making an informed decision on whether to travel and what precautions to take while abroad. At the present time, the **average medical risk** rating for **BRAZIL** is **moderate**, and the **average security risk** rating is **moderate**. These risk ratings are subject to frequent change, so these resources should be reviewed regularly for updates and changes, especially immediately prior to departure.

Please attach an alphabetical list of all participants on top of the signed release forms, code of conduct acknowledgement, and medical history information and hand deliver in person **no later than 30 business days prior to departure** the SIGNED ORIGINAL PACKET OF FORMS as follows:

**Dr. Jeff Hamilton, Vice Provost for Global Engagement
Center for Global Engagement, 210 Poage Library**

- ▶ All participants are required to enroll in Academic Health Plans (AHP) before travelling abroad.
- ▶ There must be a separate form for each individual participant.
- ▶ If an individual, or the parent/legal guardian of an individual, refuses to sign a release, the individual should not be allowed to participate in the event.
- ▶ No later than **two weeks prior to the trip**, review all executed forms to ensure that they have been properly executed and have not been altered. If any form has been **altered** in any way or has not been properly executed, please contact the Office of General Counsel immediately.
- ▶ A copy of the signed medical information forms should be made and accessible for the Program Director and/or designee during travel.
- ▶ **SHOULD THE EVENT BE CANCELLED**, please contact Center for Global Engagement, ext. 2618. Important procedures for program directors may be found online at: <http://www.baylor.edu/cge/doc.php/229090.pdf>

If you wish to discuss this further, please give me a call at Ext. 3821. Thank you for your consideration.

DW/lc
Enclosures

OFFICE OF GENERAL COUNSEL
One Bear Place #97034 • Waco, Texas 76798-7034 • Office (254) 710-3821 • Fax (254)710-3843

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Form A

ADULT PARTICIPANT GENERAL RELEASE AND INDEMNIFICATION AGREEMENT

**BY SIGNING THIS DOCUMENT, YOU ARE WAIVING CERTAIN LEGAL RIGHTS.
READ CAREFULLY BEFORE SIGNING.***

For and in consideration of Baylor University permitting me, "PARTICIPANT", to participate voluntarily in **Baylor University's mission trip, Brazil Sports Ministry, to Maceio and Rio de Janeiro, Brazil, May 12, 2016, through May 30, 2016**, hereafter referred to as "PROGRAM", sponsored by Baylor University, I hereby expressly assume all the risks associated with the PROGRAM, having familiarized myself with risks of travel to and in the PROGRAM countries by reviewing international travel information to which I have been directed by Baylor University, located at <http://www.baylor.edu/globalengagement/index.php?id=927336> and understand that it is my continuing responsibility to regularly review these and other relevant sources of information for subsequent travel warnings, public announcements and advice and I release Baylor University, its regents, officers, employees, students, and agents from all claims, demands, suits, causes of action, or judgments which I ever had, now have, or may have in the future or which my heirs, executors, administrators, or assigns may have, or claim to have against Baylor University, its regents, officers, employees, students, or agents, arising out of or in any way connected with the PROGRAM, for all personal injuries, known or unknown, property damages, or claims for wrongful death, caused by the

ACTS, OMISSIONS, OR NEGLIGENCE

of Baylor University, its regents, officers, employees, students, or agents. I understand this waiver does not apply to injuries caused by Baylor University's intentional or grossly negligent conduct.

I FURTHER AGREE TO INDEMNIFY AND HOLD HARMLESS BAYLOR UNIVERSITY, ITS REGENTS, OFFICERS, EMPLOYEES, STUDENTS, AND AGENTS FROM ALL CLAIMS, DEMANDS, SUITS, CAUSES OF ACTION, OR JUDGMENTS WHICH I EVER HAD, NOW HAVE, OR MAY HAVE IN THE FUTURE OR WHICH MY HEIRS, EXECUTORS, ADMINISTRATORS, OR ASSIGNS MAY HAVE, OR CLAIM TO HAVE AGAINST BAYLOR UNIVERSITY, ITS REGENTS, OFFICERS, EMPLOYEES, STUDENTS, OR AGENTS, ARISING OUT OF OR IN ANY WAY CONNECTED WITH THE PROGRAM, FOR ALL PERSONAL INJURIES, KNOWN OR UNKNOWN, PROPERTY DAMAGES, OR CLAIMS FOR WRONGFUL DEATH, CAUSED BY THE

ACTS, OMISSIONS, OR NEGLIGENCE

OF BAYLOR UNIVERSITY, ITS REGENTS, OFFICERS, EMPLOYEES, STUDENTS, OR AGENTS, AND ON BAYLOR'S BEHALF AND IN BAYLOR'S NAME, DEFEND AT MY OWN EXPENSE ANY SUCH CLAIMS, DEMANDS, SUITS, CAUSES OF ACTION, OR JUDGMENTS DESCRIBED ABOVE.

I acknowledge that the decision to travel is my sole responsibility and that I am responsible for my own personal safety. I further acknowledge that Baylor has provided me with the above-listed sources to assist me in acquiring up-to-date information, and that Baylor's purpose in providing the same is to enable me to make a well-informed decision on whether to travel or not, and having acquired and reviewed that information, I have decided on my own to travel with the PROGRAM. I have read and executed this document with full knowledge of its legal significance.

By: _____
PARTICIPANT SIGNATURE
DATE

Name Printed: _____ BU ID #: _____

*If you are a Baylor employee or a dependent of a Baylor employee, this release shall not be construed to deny any valid direct or first party insurance claims which you may have relating to your possible death or to any injuries you may sustain while participating in the PROGRAM.

FORM B

ADULT MEDICAL INFORMATION AND RELEASE

NOTE: If you have any questions about this form, please contact the Baylor Health Services at 710-1010

PLEASE PRINT

NAME: _____ DOB: _____
 (LAST) (FIRST) (MIDDLE) (MM/DD/YYYY)

ADDRESS: _____
 (STREET) (CITY) (STATE) (ZIP CODE)

IN AN EMERGENCY PLEASE NOTIFY:

NAME: _____

ADDRESS: _____
 (STREET) (CITY) (STATE) (ZIP CODE)

HOME () BUS#:() CELL#:()

List and describe any medical conditions for which you receive ongoing treatment (such as asthma, diabetes, depression, etc): _____

List all current medications: _____

List any allergies to food or medicine: _____

I plan to attend Baylor University's mission trip, Brazil Sports Ministry, to Maceio and Rio de Janeiro, Brazil, May 12, 2016, through May 30, 2016, sponsored by Baylor University, hereinafter referred to as "PROGRAM." I fully realize that injury or illness could result from or during my participation in the PROGRAM. In case of accident or illness, I give my permission to receive medical treatment as deemed appropriate and to release any and all medical records which have been provided to Baylor University to any health care provider rendering such treatment. I will assume responsibility for any medical bills.

DATE: _____

PARTICIPANT'S SIGNATURE

Name Printed: _____ BU ID#: _____

Travel to other countries may be difficult and stressful at times and the quality and availability of medical care may be substantially less than that found in the United States. If you have any chronic medical conditions, mobility limitations or mental health issues, it is strongly recommended that you obtain clearance from your healthcare provider prior to your trip. In addition, it is important to check <http://www.cdc.gov/features/vaccines-travel/> to see what immunizations or medications are required or recommended for your destination(s). Be advised that you may be denied entry into some countries without current immunizations. If you need any immunizations or medications, you should call your provider or Baylor Health Services at 710-1010, to make an appointment for a travel medicine visit at least 8 weeks before your departure.

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FORM C

CONTRACTUAL RELEASE AND CODE OF CONDUCT ACKNOWLEDGEMENT
BAYLOR FOREIGN STUDY ABROAD PROGRAM:

**Baylor University's mission trip, Brazil Sports Ministry, to Maceio and Rio de Janeiro, Brazil,
May 12, 2016, through May 30, 2016**

By signing this document I agree that:

1. Baylor University and participating Baylor faculty, if any, (hereafter together termed "Baylor") of the Baylor Foreign Study Abroad program in which I have voluntarily chosen to participate, will use their best efforts to obtain adequate transportation and accommodations for this foreign study program from persons, firms, and agencies (hereafter termed "contractor") deemed by Baylor to be reliable and responsible. Should, however, a contractor default or provide less than it has agreed to, I agree not to hold Baylor responsible.
2. Baylor is entitled to withhold from any refund I may be otherwise be entitled to any amounts paid by Baylor to third parties and which are not returned to Baylor, as well as any expenses incurred by Baylor.
3. Because I represent Baylor University, I understand that a high standard of conduct is expected from program participants, and that failure to comply with rules of conduct may warrant dismissal from the program. I further understand and agree that Baylor, for any reason it deems proper, reserves the right to modify, change, or cancel my participation in any part of this foreign study program.
4. I acknowledge that while I am participating in this program I am personally responsible for contacting my parents or others who may need to know (a) in the event of an emergency, or (b) if I become ill or am injured, or (c) if I am hospitalized. At my specific request at the time of the emergency or my illness, injury, or hospitalization, participating Baylor faculty will contact the individual or individuals I request to be contacted. In cases in which I am physically unable to contact the individual or individuals who need to know of an emergency in which I am involved, or of my illness, injury, or hospitalization, participating Baylor faculty will contact the person(s) whose name(s) I have written below.
5. I consent to third parties sharing with Baylor or its agents any information which Baylor or the third party, in its sole discretion, shall deem necessary under the circumstances.
6. I warrant that I have read this document, understand its contents, and that I am 18 years of age or older and have full authority to execute this instrument and that I have executed this instrument voluntarily and of my own free will.

Signature**BU ID#****Date**

Last Name, First Name, Middle Initial (Please Print)**Area Code/Home Phone/Cell Number**

Address**City/State/Zip Code****EMERGENCY CONTACT in USA (parent, guardian, other relative or friend not traveling with you):**

NAME (Please Print)**Area Code (Phone Number)****Relationship**

NAME (Please Print)**Area Code (Phone Number)****Relationship**

BAYLOR UNIVERSITY HIGH RISK TRAVEL WAIVER/RELEASE—ZIKA VIRUS

I, _____, understand that Baylor University does not recommend travel to certain high risk locations and that travel to and in **Brazil** is considered high risk travel because of the **presence of Zika Virus. The World Health Organization** classifies Brazil as a Level 2—Enhanced Precautions location. Zika virus has no preventative vaccine, and is spread by mosquitoes and through exchange of body fluid. Travelers should protect themselves from mosquito bites. Women who are pregnant should reconsider their need to travel to active Zika areas. Additional information may be found regarding risks and precautions at <http://wwwnc.cdc.gov/travel/page/zika-travel-information> (High Risk Travel).

In connection with my trip to **Brazil**, I acknowledge and/or understand the following:

- I have carefully identified, reviewed and considered the risks of travel and that participation in High Risk Travel has inherent risks that cannot be eliminated;
- If there is a need to evacuate, in certain emergencies, flights may be suspended, and other departure options may be limited or non-existent;
- Should I experience difficulties, Baylor University, its faculty/staff and International SOS may not be in a position to provide emergency assistance to me;
- There may be additional factors of which I am unaware or which have not been brought to my attention.

I acknowledge that I am voluntarily participating in the travel described above and the decision to travel is mine alone. I understand that Baylor University is not responsible for my safety and I knowingly and voluntarily assume full responsibility for all risks associated with my travel. By signing this waiver, I acknowledge that: 1) I am neither required nor encouraged by Baylor to undertake this travel; 2) by and through this document, Baylor specifically advises against and discourages all travel to any destination rated as high or extreme risk for health, safety or security, and 3) I understand and appreciate the risks of this travel and the potential inability of Baylor or others to provide emergency assistance; and knowing this, I am choosing to travel nonetheless.

WAIVER AND RELEASE OF CLAIMS

I hereby release, waive, discharge and agree not to sue Baylor University, its regents, officers, agents or employees (hereinafter referred to as "Releasees") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or relating to any loss, damage or injury, including death, that may be sustained by me, or to any property belonging to me, while traveling to **Brazil** described above. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, which may be sustained by me, or any loss or damage to property owned by me, as a result of my traveling to **Brazil**. I further hereby agree to indemnify and save and hold harmless the Releasees and each of them, from any loss, liability, damage or costs they may incur as a result of my travels. It is my express intent that this Release shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be deemed as a Release, Waiver, Discharge and Covenant Not to Sue the above named Releasees.

In signing this document, I acknowledge that I have had an opportunity to ask any questions I have about it, that I have read and understand it, that I accept its terms, that I have discussed it with a parent/guardian and that I have signed it knowingly and voluntarily. By having this document signed by a parent/guardian, they acknowledge that we have discussed my High Risk Travel and that they agree with my election to travel to the above-listed locations.

READ CAREFULLY—BY SIGNING THIS DOCUMENT YOU ARE WAIVING LEGAL RIGHTS

By: _____
Participant Signature Date

Name _____
Printed: _____