



Roosevelt University

Responsible Executive: M. Krug

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University-sponsored Student Travel Policy (Domestic & International)

Policy Statement

University-sponsored student travel that is part of the curriculum and/or contributes to Roosevelt University's ("Roosevelt") educational objectives forms an integral part of the learning experience at Roosevelt University. Student organizations sponsored by: the Center for Campus Life and the Center for Student Involvement; the TRIO programs; other non-academic offices; academic field trips; educational tours, and travel associated with participation in Roosevelt's faculty-led International Study Programs are examples of groups that will benefit from this policy.

Opportunities for travel and participation in University-sponsored student travel are plentiful, and Roosevelt encourages participation. However, the University will not undertake legal or financial responsibility for a participant when he or she is traveling or participating in University-sponsored student travel whether for academic credit or not. All University-sponsored student travel shall be organized and conducted pursuant to applicable Roosevelt policies and procedures.

Reason for Policy

The purpose of this policy is to address University-sponsored student travel in conjunction with the University's exposure to risk. The University has to consider the educational value, the safety and security of the participants involved, and the potential liability to Roosevelt. Implementing a policy will minimize risk to the University by requiring University-sponsored travel participants to provide proof of insurance or a signed waiver. In addition, this policy will provide important guidelines and thresholds to educate students, faculty, and staff on what is required of individuals prior to travel, and provide essential emergency information when and if it is needed.

Entities Affected by this Policy

All Units that may be involved with the student travel planning process.

Web Address

To be completed by the President's Chief of Staff.

Related Documents

Implementation

University and Administrative Obligations

Prior to conducting University-sponsored student travel the sponsor(s)/organizer(s) of such travel shall obtain written approval of the Provost and Executive Vice President or designee, and shall collect from each student, at a minimum, an **Assumption of Risk and Release of Liability Form and a Health and Medical Authorization Form**. In determining whether to approve University-sponsored student travel, the Provost and Executive Vice President or designee shall consider the educational value, the safety and security of the participants involved, and the potential liability to Roosevelt. **Roosevelt will not sanction any student travel that is conducted without prior written approval from Roosevelt or that otherwise violates established Roosevelt policies or procedures.** Additionally, any such student travel shall not qualify as University-sponsored student travel authorized by this policy.

This policy does not cover Study Abroad and Exchange Programs. Those programs are not considered University-sponsored travel. Please see the Study Abroad Policy located on the Roosevelt intranet.

Student Obligations

Prior to participating in University-sponsored student travel, each student, and each student's parent or guardian if the student is under eighteen (18) years of age, must complete and submit, at a minimum, the **Assumption of Risk and Release of Liability Form and a Health and Medical Authorization Form**. Failure to complete and return any of the forms does not affect the applicability of this policy. Except where specifically stated otherwise, the student is responsible for any and all travel, food, lodging, and other costs associated with University-sponsored student travel. In the event University-sponsored student travel is required as part of a Roosevelt course, the professor shall include relevant details of the travel in the course syllabus.

For the duration of the travel, it shall be understood that the participant will act in accordance with the "Rights and Policies" set forth in the Roosevelt University Student Handbook, as well as any set forth by the sponsoring department/program. In the event that the participant fails to comply with the policies outlined therein, they will be subject to University-administered disciplinary measures.

International Travel

Due to changing political climates in countries around the world, sponsor(s)/organizer(s) of international University-sponsored student travel shall consult the international travel advisories published by the United States State Department (<http://travel.state.gov/travel/warnings.html>) prior to any travel and shall notify the Provost or designee. Roosevelt shall disapprove or suspend as soon as possible any University-sponsored student travel to a country on the State Department's International Travel Warnings list (collectively "Travel Warning"). Roosevelt will not operate, pay for, supervise, direct, grant academic credit for, or otherwise support an international University-sponsored student travel in a country or portion of a country where a State Department's International Travel Warning is in effect. Any student who wishes to travel to and/or continue traveling in an area that is the subject of such a Travel Warning must be aware that Roosevelt will not operate, sponsor, staff, or fund University-sponsored student travel in such areas. Financial aid and academic credit shall not be available in these instances.

For faculty-led international study travel, students are required to purchase a short-term International Accident/Health Plan. Proof of this insurance is required prior to international travel. **See the Office of International Programs, Director** for details and requirements.

Online Resources and Forms

- Roosevelt University-Sponsored Student Travel Assumption of Risk And Release of Liability – Domestic form and International form
- Roosevelt University-Sponsored Student Travel Health And Medical Authorization Form
- Confidential Health Information Form For Domestic and International Programs

Recommended by:

Name of executive sponsor
Title of executive sponsor

Date

Approved by:

James Gandre
Provost and Executive Vice President

Date

Charles R. Middleton
President

Date



**ROOSEVELT UNIVERSITY-SPONSORED STUDENT TRAVEL
ASSUMPTION OF RISK AND RELEASE OF LIABILITY**

DOMESTIC TRAVEL/EVENTS ONLY

Please read this form carefully and be aware that by signing this form and participating in this university-sponsored student travel, you will be waiving and releasing any and all claims that may arise as a result of your participation in the university-sponsored student travel.

Student's Name: _____
(First) (Last)

RU Student I.D.#: _____

Date(s) of Travel: _____

Summary of Itinerary and Destination(s): _____

RU Sponsor(s): _____

Name of RU faculty-led program, if applicable: _____

If a parent/guardian signs this form because the participant is a minor or is otherwise not authorized to enter into a contract, it is understood and agreed that the parent/guardian is making all acknowledgements and affirmations on behalf of the participant, and the parent/guardian's signature hereto shall bind both the participant and the parent/guardian.

As a participant in a university-sponsored student travel described above (hereinafter the "Travel"), I recognize and acknowledge that there are certain risks of injury, property damage, loss, emotional distress, and/or death that may arise from my participation. I further recognize and acknowledge that Roosevelt University ("Roosevelt") and Travel sponsors/organizers cannot and do not guarantee my safety; ensure that American standards of due process will apply in foreign legal proceedings; assume responsibility for my actions or the actions of individuals who are not employed by Roosevelt or the Travel sponsors/organizers; or assume responsibility for situations arising due to my failure to disclosure pertinent information.

I affirm that my health is good, that I am fit to participate in any activities presented on this Travel. By participating in this Travel, I voluntarily assume the risk of injury, property damage, loss, emotional distress, and/or death, including any medical or other costs associated therewith. I hereby release, waive, discharge and covenant not to sue Roosevelt University or any cooperating institution, or their respective trustees, officers, administrators, employees, agents, representatives, volunteers, insurers, assigns, and successors (hereinafter referred to as "Releasees") from any and all liability, claims, demands, actions and causes of action for any loss, damage or injury, including death, that may be sustained by me or my family, or to any property belonging to me or my family, whatsoever arising out of, related to, or in any way connected with the traveling to or participation in the above-described Travel . I, and my agents, representatives, assigns, heirs and successors hereby agree to indemnify, defend, and hold harmless Releasees from and against any and all liabilities, losses, claims, demands, liens, damages, penalties, fines, interest, costs and expenses, whether known or unknown, past, present or future, including, but not limited to, any and all costs, expenses, and attorneys' fees, by reason of injury, property damage, loss, emotional distress, and/or death arising out of, in connection with, or in any manner related to the traveling to or participation in this Travel . 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 representative, if I am deceased, and shall be deemed as a Release, Waiver, Discharge and Covenant Not to Sue the above named Releasees.

I also acknowledge and fully understand that in the event I choose to extend my travel beyond _____ (end date of Program, including travel) or commence my travel prior to _____ start date of Program, including travel) or otherwise make any changes to the travel plans arranged for the Program, I will be fully responsible for any such travel arrangements. Roosevelt University accepts no responsibility for lodging, food, travel, or other necessities occasional by any changes made to the agreed upon travel plans or any extension thereof.

I have carefully read this release and fully understand its contents. I am aware that by signing this document, I am waiving my right to sue Roosevelt University and any cooperating institution, and their respective trustees, officers, administrators, employees, agents, representatives, volunteers, insurers, assigns and successors. This release is complete and signed of my own free will. I am aware that this release is a contract between myself and Roosevelt University. I certify that I have the legal authority to enter into this contract.

Student Signature

Date

Parent/Guardian Signature
(If student is under 18 years old)

Date



**ROOSEVELT
UNIVERSITY**

**ROOSEVELT UNIVERSITY-SPONSORED STUDENT TRAVEL
ASSUMPTION OF RISK AND RELEASE OF LIABILITY**

INTERNATIONAL TRAVEL ONLY

Please read this form carefully and be aware that by signing this form and participating in this university-sponsored student travel, you will be waiving and releasing any and all claims that may arise as a result of your participation in the university-sponsored student travel.

Student's Name: _____
(First) (Last)

RU Student I.D.#: _____

Date(s) of Travel: _____

Summary of Itinerary and Destination(s): _____

RU Sponsor(s): _____

Name of RU faculty-led program, if applicable: _____

If a parent/guardian signs this form because the participant is a minor or is otherwise not authorized to enter into a contract, it is understood and agreed that the parent/guardian is making all acknowledgements and affirmations on behalf of the participant, and the parent/guardian's signature hereto shall bind both the participant and the parent/guardian.

As a participant in a university-sponsored student travel described above (hereinafter the "Travel"), I recognize and acknowledge that there are certain risks of injury, property damage, loss, emotional distress, and/or death that may arise from my participation. I further recognize and acknowledge that Roosevelt University ("Roosevelt") and Travel sponsors/organizers cannot and do not guarantee my safety; ensure that American standards of due process will apply in foreign legal proceedings; assume responsibility for my actions or the actions of individuals who are not employed by Roosevelt or the Travel sponsors/organizers; or assume responsibility for situations arising due to my failure to disclose pertinent information.

I affirm that my health is good, that I am fit to participate in any activities presented on this Travel. By participating in this Travel, I voluntarily assume the risk of injury, property damage, loss, emotional distress, and/or death, including any medical or other costs associated therewith. I hereby release, waive, discharge and covenant not to sue Roosevelt University or any cooperating institution, or their respective trustees, officers, administrators, employees, agents, representatives, volunteers, insurers, assigns, and successors (hereinafter referred to as "Releasees") from any and all liability, claims, demands, actions and causes of action for any loss, damage or injury, including death, that may be sustained by me or my family, or to any property belonging to me or my family, whatsoever arising out of, related to, or in any way connected with the traveling to or participation in the above-described Travel. I, and my agents, representatives, assigns, heirs and successors hereby agree to indemnify, defend, and hold harmless Releasees from and against any and all liabilities, losses, claims, demands, liens, damages, penalties, fines, interest, costs and expenses, whether known or unknown, past, present or future, including, but not limited to, any and all costs, expenses, and attorneys' fees, by reason of injury, property damage, loss, emotional distress, and/or death arising out of, in connection with, or in any manner related to the traveling to or participation in this Travel. 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 representative, if I am deceased, and shall be deemed as a Release, Waiver, Discharge and Covenant Not to Sue the above named Releasees.

I also acknowledge and fully understand that in the event I choose to extend my travel beyond _____ (end date of Program, including travel) or commence my travel prior to _____ start date of Program, including travel) or otherwise make any changes to the travel plans arranged for the Program, I will be fully responsible for any such travel arrangements. Roosevelt University accepts no responsibility for lodging, food, travel, or other necessities occasional by any changes made to the agreed upon travel plans or any extension thereof.

(If travelling internationally, please read and initial each item below. This section does not apply to domestic travel.)

By initialing below and signing this Form:

_____ As a Roosevelt University ("Roosevelt") student participating or wanting to participate in travel, in a country or part of a country for which the U. S. State Department has issued a Travel Warning ("Travel Warning"), I acknowledge that (1) Roosevelt University will not operate, sponsor, fund, supervise, or direct travel to such locations and (2) Roosevelt University will not grant financial aid or academic credit for programs in such locations.

_____ I agree that I have carefully identified, reviewed and considered the risks of travel to my destination(s). I have read the most recent relevant U.S. State Department Travel Advisories available through <http://travel.state.gov/travel/warnings.html> as well as the Roosevelt University-Sponsored Student Travel Policy.

_____ I acknowledge that Roosevelt University will suspend all programs in a country or any portion thereof, for which a Travel Warning is in effect, even if I am currently traveling in or planning to travel in that country.

_____ I understand that conditions in my travel destination area(s) may change rapidly, and I will stay informed of current events on a frequent basis by obtaining updated security and health information from and registering with the nearest U.S. Embassy or Consulate General (see State Department Travel Warning web site for contacts), and by obtaining such information from the Department of State website. I also will enroll with the U.S. Consulate nearest my destination(s). If I am not a U.S. citizen, I will register with my home country's Embassy or Consulate and get updated information from the U.S. and my home country's Embassies or Consulates and the Department of State website.

_____ I further agree that if my travel destination area(s) come(s) under a Travel Warning, I will immediately and as soon as possible depart such area. If I choose to stay in such area, I understand that Roosevelt University will not support my travel.

_____ I understand that I am not required to travel, and that Roosevelt University urges me not to travel to my destination(s) if a Travel Warning is in effect for such destination(s) or any portion thereof.

_____ I hereby acknowledge that I am participating voluntarily in the travel described above. I also acknowledge that my participation in this travel may expose me to significant risks, especially if a Travel Warning is in effect for my destination(s). Such risks may include, but not be limited to, terrorism, war, serious bodily injury or death, property damage, and other risks that may not be foreseeable. I understand that Roosevelt University is not responsible for my safety, and that I assume full responsibility for all risks associated with my travel.

_____ I affirm that I have health insurance that will remain in effect and cover any injuries or other health problems sustained during my travel. I have submitted proof of health insurance to the Office of International Programs.

_____ I hereby acknowledge that I have discussed my travel with at least one of my parents or my legal guardian who has also read and signed this form as indicated below.

I have carefully read this release and fully understand its contents. I am aware that by signing this document, I am waiving my right to sue Roosevelt University and any cooperating institution, and their respective trustees, officers, administrators, employees, agents, representatives, volunteers, insurers, assigns and successors. This release is complete and signed of my own free will. I am aware that this release is a contract between myself and Roosevelt University. I certify that I have the legal authority to enter into this contract.

Student Signature

Date

Parent/Guardian Signature
(If student is under 18 years old)

Date



ROOSEVELT UNIVERSITY-SPONSORED STUDENT TRAVEL HEALTH AND MEDICAL AUTHORIZATION FORM

If a parent/guardian completes and signs this form because the participant is a minor or is otherwise not authorized to enter into a contract, it is understood and agreed that the parent/guardian is making all certifications and authorizations in the place of the participant, and the parent/guardian's signature hereto shall bind both the participant and the parent/guardian.

I, _____, certify that all responses made on this health and medical authorization form are true and accurate, and I will notify *[insert appropriate office or administrator here]* of any relevant changes in my health that may occur before departure.

I acknowledge and agree that Roosevelt personnel shall not be responsible for holding, keeping track of, or administering any medications, whether prescription or over-the-counter, during this university-sponsored student travel, and that such obligations shall be solely my responsibility.

In the event of my illness or injury during the university-sponsored student travel, I hereby authorize Roosevelt personnel to take me to the nearest hospital or emergency care facility. In such instances, Roosevelt or emergency personnel should attempt to contact:

Emergency Contact #1 (Relation) Phone

Emergency Contact #2 (Relation) Phone

I further authorize Roosevelt or emergency personnel to contact my primary care physician in the event of an emergency:

Primary Care Physician Phone

I acknowledge that any emergency and/or medical expenses incurred are my responsibility, not Roosevelt's, while on such travel. Regardless of my insurance coverage, I hereby agree to assume sole responsibility for any and all expenses incurred as a result of my emergency and/or medical care.

Name of Participant (or Parent) Signature of Participant (or Parent) Date

**PLEASE RETURN COMPLETED FORMS TO:
Program Director**



**ROOSEVELT
UNIVERSITY**

**CONFIDENTIAL HEALTH INFORMATION FORM
FOR INTERNATIONAL AND DOMESTIC PROGRAMS**

This form is to be completed by the applicant.

The purpose of this form is to help the Roosevelt University Domestic and International Programs be of maximum assistance to you in attempting to address your needs prior to departure and in ascertaining whether your needs can be accommodated in the host country(ies). It is important that the program personnel be made aware of any medical or emotional problems, past or current, which might affect you in a foreign study context. Mild physical or psychological disorders can become more serious when subjected to the stress of traveling and studying abroad. The information you provide will remain confidential and will be shared with program staff, faculty, or appropriate professionals only if pertinent to your own well-being. The University may not be able to accommodate all individual needs or circumstances. This information does not affect your admission into the program.

Yes__ No__ 1. Are you generally in good physical condition? (If no, please explain: _____

Yes__ No__ 2. Have you ever been treated or are you currently being treated for any psychological or
emotional problems? (If yes, please explain: _____

Yes__ No__ 3. Do you have any allergies? (If yes, please explain: _____

Yes__ No__ 4. Are you taking any medications? (If yes, please explain: _____

Yes__ No__ 5. Have you had any major injuries, diseases or ailments in the past five years? (If yes, please
explain: _____

Yes__ No__ 6. Are you a vegetarian or are you on a restricted diet? (If yes, Please explain: _____

Yes__ No__ 7. Is there any additional information (concerning medical conditions or disabilities) that
would be helpful for the program to be aware of during your study abroad experience? (If
yes, please explain: _____

I certify that all responses made on this Health Information form are true and accurate, and I will notify the Program Director hereafter of any relevant changes in my health that occur prior to the start of the program.

Signature of the applicant: _____

Date: _____