



Office of Continuing Education
215 Hunt College Union
Oneonta, New York 13820
PH: (607)436-2548
FAX: (607)436-2164

STUDENT TRAVEL PACKET FOR FACULTY LED PROGRAMS IN THE US

ALL forms must be completed and returned to the
Office of Continuing Education
before you are permitted to travel and/or register for the course:

- Agreement and Release for travel
- Student Health and Emergency Contact Information

Name: _____ Student ID: _____

Course Title: _____

Course Instructor: _____

Semester: Spring Summer Fall Winter 20_____

Please note:

By signing this form I give permission to the Office of Continuing Education to release my name as a participant in this course's field component to the following offices:

- Office of Student Development (for a review and release of judicial history to instructor)
- Financial Aid
- Counseling Center (for a review and release of relevant information)
- Student Accounts
- Educational Opportunities Program

I understand that I am obligated to pay tuition and related fees in addition to travel related expenses.

Signature: _____ Date: _____

SUNY ONEONTA AGREEMENT AND RELEASE for faculty led off-campus program

Please type or print.

Name: _____
Last First Middle

Program: _____
Course title approximate dates of travel

To the Student: The information provided will remain confidential. Be aware that you will be responsible for your own care, although SUNY Oneonta will try to provide assistance. Please be honest with yourself and prepare accordingly. The questions that follow will help guide you in preparing for your travel. Indicating that you have health concerns may allow us to assist you in determining if you are prepared to go and can receive appropriate treatment.

1. Participant pledges to conduct himself/herself in a manner that will reflect favorably on himself/herself and SUNY Oneonta.
2. Participation in the above program is entirely voluntary and will require transportation to a destination off campus and may involve risks relating to or arising out of program activities.
3. Participant understands that there are risks inherent in travel, and acknowledges that s/he has been apprised of such risks (to the extent that such risks are known to SUNY), and agrees to assume all risks and responsibility for his/her health, safety, and property while participating in this program.
4. Participant releases SUNY Oneonta and the State of New York, their officers, trustees, employees, and agents from any and all liability, damage or claim of any nature arising out of, or in any way related to participation in this program, the transportation, or in any independent activities undertaken as an adjunct thereto.
5. Participant agrees to be responsible for any damage or liability incurred as a result of any illness or accident Participant may suffer, including the costs of any medical care not covered by insurance, or any injury or damage to any person or property of others which Participant may cause, or for any financial liability or obligation which Participant may personally incur, while participating in the program.
6. Participant understands that SUNY Oneonta reserves the right to make cancellations, changes or substitutions in cases of emergency or changed conditions, or in the interest of any program-sponsored group with which the Participant may be traveling or collaborating.
7. Participant understands and agrees that all students are subject to regulations outlined in materials provided by SUNY Oneonta and the Student Code of Conduct (<http://www.oneonta.edu/development/studevel.asp>).
In the event of violation of any of the foregoing, or any other behavior which is detrimental to the Participant, other students or the program, the director of the program shall have the right to dismiss the Participant from the program. The Participant further agrees that, if expelled from the program, s/he is responsible for all expenses of the program, including return to the point of origin, and that no refund of fees will be given.
8. Participant agrees that s/he will be responsible for all medical and related expenses incurred while participating in the program. Participant is responsible for securing accident and medical insurance that meets SUNY standards.
9. Participant agrees to report to the faculty coordinator at least 60 days prior to the start of the program any physical or mental condition that may require special medical attention or accommodation while participating in the program.

Other Conditions of Participation

Participation: Participant agrees to participate fully in all portions of the program and further agrees that any deviation from the program design must be requested in advance and in writing by Participant and must be approved by the faculty coordinator.

Submission of Required Forms: Participant agrees to submit all required forms by the deadline.

Travel and Accommodation: Participant acknowledges and agrees to accept all responsibility for loss or additional expenses due to delays or other changes in the means of transportation, lost or stolen tickets, other services, or sickness, weather, strikes or other unforeseen causes.

Participant acknowledges and understands that SUNY Oneonta assumes no liability whatsoever for any loss, damage, destruction, theft or the like to the student's luggage or personal belongings, and certifies that Participant has retained adequate insurance or has sufficient funds to replace such belongings.

Participant acknowledges and understands that in the event that s/he becomes detached from the trip group, fails to meet a departure bus, airplane or train, or becomes sick or injured, Participant will bear all responsibility to seek out, contact and connect with the trip group at its next available destination; and that Participant shall bear all costs involved in contacting and reaching the trip group at its next available destination.

SUNY Oneonta in no way represents or acts as an agent for transportation carriers, hotels, and other suppliers of services connected with this program.

Refunds for Program Withdrawal: Refunds of tuition for voluntary withdrawal from the program are subject to the official withdrawal policies of SUNY Oneonta. Refunds of Program Fees vary by course.

I have carefully read this form before signing it.

Student's Signature

Date

Parent/Guardian's Signature (required if student is under 18 years of age)

Date

SUNY ONEONTA STUDENT HEALTH INFORMATION for faculty led off-campus program

Please type or print in ink.

Name: _____
Last First Middle

Program: _____
Course title approximate dates of travel

To the Student: The information provided will remain confidential. Be aware that you will be responsible for your own care, although SUNY Oneonta will try to provide assistance. Please be honest with yourself and prepare accordingly. The questions that follow will help guide you in preparing for your travel. Indicating that you have health concerns may allow us to assist you in determining if you are prepared to go and can receive appropriate treatment.

<p>1. Do you have or have you had any physical, psychological or emotional conditions (including eating disorders), that may require treatment while away or that might be exacerbated by the stress caused by changes in culture, climate, diet or exercise? If yes, explain below and plan to see your health care provider to discuss your care.</p>	<input type="radio"/> Yes	<input type="radio"/> No
<p>2. Do you have any allergies, reactions to medications, or dietary restrictions? If yes, consider what you may need to manage your condition or restrictions. If needed, see your health care provider for assistance in planning for your care. You may list any allergies or dietary restrictions below so we can inform your faculty coordinator. However, SUNY Oneonta can only inform and cannot ensure that you can be protected from exposure.</p>	<input type="radio"/> Yes	<input type="radio"/> No
<p>3. Are you currently taking or have you recently discontinued any medications you may need while away? If yes, list medication name and purpose.</p>	<input type="radio"/> Yes	<input type="radio"/> No

4. Person to notify in case of emergency, illness or accident:

Name: _____ Relationship to student: _____
 Street/Apt # _____ Daytime Telephone #: () _____
 City,State, ZIP _____ Evening Telephone #: () _____
 E-mail Address: _____ Cell Telephone #: () _____

Second person in the event that the above cannot be reached:

Name: _____ Relationship to student: _____
 Street/Apt # _____ Daytime Telephone #: () _____
 City,State, ZIP _____ Evening Telephone #: () _____
 E-mail Address: _____ Cell Telephone #: () _____

Student Declaration

I grant permission to SUNY Oneonta and its employees to share information concerning my health condition with program representatives, my family, insurance company representatives and with any physician, psychologist or counselor who treated me during the past five years or is now treating me. In situations where I am unable to give oral or written consent, I grant permission for hospitalization and treatment recommended and carried out under the supervision of a qualified physician, including administering anesthetics and performing necessary surgery at my own expense. I appoint the representative of SUNY Oneonta for the program to act on my behalf in authorizing necessary medical, dental or surgical care, hospitalization or medical evacuation for me should this be required.

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

Student's Signature

Date

Parent/Guardian's Signature (required if student is under 18 years of age)

Date

If you answered yes to number 1 or 3, please make an appointment with your health care provider to review your medical history and travel plans and have him/her sign below.

To the Treating Clinician: Please review the student's medical history; discuss with him/her the upcoming travel plans and sign below. A physical exam is not required by SUNY Oneonta if you have adequate information to advise the student.

I have reviewed this student's medical history and examination with him/her, consulted with him/her about medications that may be required, and developed a treatment plan for the student to manage his/her condition during the trip. If needed attach pages.

Signature of Provider

Printed Name of Provider

Address and Phone Number of Provider

SUNY ONEONTA

STATE UNIVERSITY OF NEW YORK COLLEGE AT ONEONTA CLASS PROMOTION AGREEMENT

SUNY Oneonta would like to promote your participation in the following class(es):

Such promotion may include, but not be limited to, stating that you participated in this class and sharing details about your participation in this class, such as your attendance on field trips, site visits, or other tasks or experiences undertaken as part of this/these class(es). **Such promotion will not include any publication of your grade or evaluation from this/these class(es).**

Since not all students want to publicly share information about their academic experiences, SUNY Oneonta requests permission to share your story. Please sign and date in the area below to confirm that you grant permission for the college to publicize your participation in the above named class(es).

Check one: I am 18 years old or older.
 I am less than 18 years old.

A parent/legal guardian must also sign this form (see back) if you are less than 18 years old.

I hereby irrevocably authorize SUNY Oneonta to copy, publish, exhibit or distribute in any legal manner, any information regarding my participation in the above named class(es), other than information regarding my grade or evaluation in this/these class(es) (hereinafter collectively known as "information"), at its sole discretion, in connection with its activities or for any other lawful educational, promotional, or commercial purposes, and further the right to the use of my full name, preferred name, and biographical material in connection with any such Information.

I hereby waive the right to inspect or approve the use of any such Information. I understand and agree that I will receive no compensation, now or in the future, in connection with the use of such Information.

I hereby release and forever discharge the State University of New York College at Oneonta, its officers, agents, and employees, from any and all claims, demands, rights, and causes of action of whatever kind that may arise from the use of the Information as provided herein, including, but not limited to all claims for libel and invasion of privacy.

I have read and fully understand the terms of this consent and release.

Signature

Print Name

Date

Address

Phone Number or Email

City, State, Zip

FOR STUDENTS UNDER 18—APPROVAL OF PARENT/LEGAL GUARDIAN

I represent that I am the parent/legal guardian of the student who has signed the above release and that I hereby authorize and consent to the use of the Information as set forth in the foregoing consent and release and otherwise agree to its terms.

Signature

Print Name

Date

SUNY ONEONTA

STATE UNIVERSITY OF NEW YORK COLLEGE AT ONEONTA RELEASE AGREEMENT

I understand that a photograph, video recording, audio recording, or other electronic or digital method of recording my likeness taken of me by the State University of New York College at Oneonta (hereinafter "SUNY Oneonta"), its employees or agents may be used by SUNY Oneonta for advertisement, publicity, or information distribution.

I hereby irrevocably authorize SUNY Oneonta to copy, publish, exhibit or distribute in any legal manner, any and all images, videos, audio recordings and electronic or digital recordings in which my likeness appears. I further waive any right to inspect or approve any advertisement, publication or information piece in which my likeness appears.

I hold SUNY Oneonta harmless and release and discharge SUNY Oneonta, its employees and agents, from any claims, demands, or causes of action which I, my heirs, representatives, executors, administrators or other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

Signature

Print Name

Date

Address

Phone Number or Email

City, State, Zip

If the person signing above is under 18 years old, the consent of a parent or guardian is required.

I _____ certify that I am the parent or guardian of the minor signing above and consent without reservation to the release agreement signed by him/her.

Parent/Guardian Signature

Print Name

Date

Address

Phone Number or Email

City, State, Zip