Application instructions
Please read these instructions completely.

PROGRAM DESCRIPTION
The Clemson University Department of __________ is sponsoring a Program in __________ which will take place on __________ through __________. If you are interested in participating, you must fill out and return the attached forms and meet all eligibility requirements by the date noted below. Any questions about the program should be submitted to __________.

The program will include travel to __________ and the following activities __________.

ELIGIBILITY
The __________ Field Trip is open to Clemson University students who are __________. Students interested in participating in the programs should be open to new ideas, enthusiastic and serious about learning, flexible, adaptable, respectful of program rules, and willing to be challenged both in and out of the classroom.

APPLICATION PROCEDURE

- (Insert Application details here)
- All materials should be returned to: __________

DEADLINES
Applications are due by: __________

In all instances, applications are accepted after the deadline as spaces remain.
Application

Program Information
Name of Program: ________________________________

Name of Clemson faculty director: _______________________

Program Dates: ________________________________

Personal Information
Name: ____________________________________________
   first middle last nickname

☐ M  ☐ F  Date of birth ________________________________
   month/day/year

Clemson University ID number: _________________________

Student Status?  ☐ first year  ☐ sophomore  ☐ junior  ☐ senior
   ☐ graduate

Expected graduation date: ______________________________

Home College/University: ______________________________

Major: ___________________  GPR/GPA: __________________

Preferred email address: ______________________________

Alternate email address: ______________________________

PERMANENT ADDRESS
__________________________________________________________________________________

   street

   city  state  postal code

Telephone number ________________________________
   area code

LOCAL SCHOOL ADDRESS
__________________________________________________________________________________

   street

   city  state  postal code

Telephone number ________________________________
   area code

Dates current address is valid _________________________

☐ Mr.  ☐ Ms.  ☐ Mrs.  Other _________________________

PARENT/GUARDIAN #1 (or other emergency contact)
Name ____________________________________________

Address ____________________________________________
   street

   city  state  postal code

Home telephone ________________________________
   area code

Business telephone ________________________________
   area code

Email address _____________________________________

Relationship to you __________________________________

PARENT/GUARDIAN #2 (or other emergency contact)
☐ Mr.  ☐ Ms.  ☐ Mrs.  Other _________________________

Name ____________________________________________

Address ____________________________________________
   street

   city  state  postal code

Home telephone ________________________________
   area code

Business telephone ________________________________
   area code

Email address _____________________________________

Relationship to you __________________________________

Academic and Disciplinary Action: Have you ever been
subject to disciplinary action by Clemson University, or any
other institutions which you previously attended?
NO ☐;  YES ☐

If so, please explain:
__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________
Emergency Contact Permission

In exchange for the opportunity to participate in this program, I hereby give Clemson University permission to contact one or more of the individuals identified above in the event of a medical, travel or other emergency that might occur during the Program. I also grant Clemson University permission to disclose to these individuals any part of my student education records that might be relevant to addressing the situation including but not limited to information on this application form, any medical information available to Clemson University, my location or travel plans, my academic records etc. This permission remains in effect until the conclusion of the Program.

Affirmation of Application

I affirm that all my statements on this application form are complete and accurate. If I am accepted by Clemson University to participate in the Program, I agree to follow its rules and regulations, and to complete additional paperwork and supply additional information as necessary for carrying out the Program.

I further understand that all Clemson University policies, rules, standards of conduct and instructions for student behavior apply while I am participating in the Program.

Signature of Applicant: ___________________________ Date: ____________________
Name of applicant: ________________________________

Clemson University

Conditions of Participation: Release and Indemnification Agreement

In consideration of being allowed to participate in the Clemson University ____________________________ Program which will involve travel away from campus within the United States (hereafter referred to as “the Program”), I, ___________________________________, hereby agree to the following terms and conditions:

1. I understand and acknowledge that Clemson University and/or the Program staff have the authority to establish rules and guidelines specific to and necessary for the operation of the Program. I further understand that all Clemson University policies, rules, standards and instructions for student behavior apply while I am participating in the Program.

2. I understand that I will be subject to and agree to abide by the federal, state and local laws, rules and regulations applicable in the city, county and state where I will be travelling. I understand that Clemson University bears no responsibility for providing me with legal assistance.

3. As a participant in the Program, I recognize that my conduct can influence the educational and other benefits intended by the Program, both for other participants and myself. I agree to conduct myself in a manner that will support mutually beneficial interactions with other participants and hosts. Any behavior that, in the judgment of the Program staff causes pain, injury or discomfort to others, to me, or that reflects discredit on me, Clemson University, or the Program is considered unacceptable and may subject me to immediate administrative action including, but not limited to, immediate dismissal from the Program and return home (at my expense).

Examples of behavior while on the Program that may lead to immediate administrative action by the Program Staff include, but are not limited to, illegal drug use, abuse of alcohol, failure to attend class and/or other required academic activities, hitchhiking, unauthorized absence from the Program, unauthorized changes in housing, engaging in behavior that results in injury to self or others or arrest for infractions of local laws.

I agree to abide by these rules and understand that the Program has the right to dismiss me from the program at any time if in the judgment of the Program Staff, there has been a violation of such rules, disruptive behavior, or conduct which could jeopardize the integrity of the Program or bring the Program into disrepute. I understand further that a decision to dismiss me from the Program will be final and no refund will be made. I also understand that due to the circumstances of travel away from Clemson University, procedures for notice, hearing and appeal normally applicable to student disciplinary proceedings may not be available. Procedural hearings and appeals will be available upon return to campus.

4. I understand and agree that there will be times during the Program when I will not be under the direct supervision of Program personnel. I understand and hereby declare that the Program will have no responsibility for me during these times, or during any time I am absent from the Program sponsored activities, or if I choose to enter or remain in the travel location either before or after the Program officially begins or ends.

5. The Program reserves the right, in its sole discretion, to cancel the Program or any aspect thereof prior to or after departure, if the Program determines or believes that any person is or will be in danger if the Program or any aspect thereof is continued.

6. I understand and agree that my withdrawal, departure or dismissal from the Program prior to its formal completion will result in forfeiting any deposit and will require me to forfeit other payments already made.

7. I also understand and acknowledge that there are inherent health risks associated with travel, and I agree that I am personally responsible for obtaining all health information, medications, medical procedures, and prophylactic medications appropriate to the Program and to my personal medical situation, and for consulting a physician prior to departure for any supplemental advice. I understand and agree that the Program cannot make any promises or guarantees with regard to any health or safety risks which I may incur as a result of my participation in the Program.
8. I have an accident and health insurance policy that will provide coverage for any injury or illness that may occur during my participation in this Program. I understand that I am responsible for any and all costs relating to medical treatment or care of injuries or illness that I may suffer as a result of, or while participating in, the Program.

9. I understand that portions of this Program may be physically strenuous and I know of no medical reason why I should not participate. I am physically and mentally capable of participating in the Program. In the event of severe illness or injury that renders me incapacitated and unable to make my own decisions, I authorize representatives of the Program to request medical intervention and diagnosis, which may include hospitalization, and secure any necessary medication and treatment, including the administration of anesthetic and surgery (at my expense).

10. I understand that the Program reserves the right to make changes in the Program’s itinerary, and that the Program may substitute excursions and activities, as well as lecture and site visits without liability.

11. I agree that Clemson University and the host institutions may use photographs and multi-media images of me taken during the program for marketing and academically related purposes.

12. I agree that this agreement, release and indemnification shall be governed by South Carolina law and that any litigation related to the Program shall be brought in the State of South Carolina.

13. I understand that travel away from campus and activities I will participate in during the Program may involve risks not usually found on campus. These risks may include, but are not limited to airplane and/or motor vehicle accidents or incidents, severe weather conditions, [insert other risks related to the Program here]. These risks could result in personal injury, loss of life, or property damage. I choose to voluntarily participate in this study abroad program with full knowledge that foreign travel may be hazardous to me and/or my property.

14. Knowing the risks described above, and in consideration of being permitted to participate in the Program, to the maximum extent permitted by law, I, on behalf of myself, my heirs and personal representatives assume all risks and responsibilities surrounding my participation in the Program. I hereby release Clemson University Board of Trustees, Clemson University, and their officers, employees and agents, and any cooperating institution, agency or entity and their officers, employees, successors and agents from any and all claims and causes of action for inconvenience, damage to or loss of property, medical or hospital care, personal illness or injury or death arising out of my participation in the Program and/or travel or activity conducted by or under the control of the Program. This includes periods in transit to or from the location where the Program is being conducted.

I release and agree not to sue Clemson University for any delay, inconvenience, change of itinerary, accident expense, or damage to person property, or otherwise in connection with any accommodation, transportation or other services, resulting directly or indirectly from any acts of God, acts of government or other authorities, wars, hostilities, civil disturbances, terrorism, strikes, riots, thefts, epidemics, quarantines, sickness, weather, and medical. I understand that Clemson University does not represent or act as an agent for, and cannot control, the acts or omissions of any other cooperating institutions, agencies, entities or providers involved in this Program.

15. I further agree to indemnify and hold harmless the Program, Clemson University Board of Trustees, Clemson University, and their officers, employees and agents, and any cooperating institution, agency or entity and their officers, employees, successors and agents from liability for the injury or death of any person(s) and damage to property that may result from my negligence or intentional act or omission while participating in the Program.

16. This agreement constitutes the entire agreement between the Program and me with reference to liability, release, and indemnification. I understand that I shall not rely upon any promises, inducements or agreements not stated herein, including, but not limited to, any oral statements made by representatives, agents or employees of the Program. Any amendments or additions to this agreement shall be written and signed by both an authorized representative of the Program and by me.

17. I have carefully read and understood the foregoing and I agree to the conditions described above and herein. I understand it to be a release of all claims and causes of action for my injury or death to my property that occurs while participating in the Program and it obligates me to indemnify the parties named for any liability for injury or death of any person(s) and damage to property caused by my negligent or intentional act or omission.

Signature of Participant _____________________________________________

Date __________________________

If participant is under the age of 18, his or her parent or legal guardian must also sign:

I, (printed name) ________________________________________________________, am the parent or legal guardian
of the participant who has signed above. I have read and I understand the Provisions of this document, I consent to the participant taking part in the Clemson University program described above, and I fully enter into and agree to the above Assumption of Risk, Release from Liability and Indemnification provisions on behalf of the participant.

_____________________________________________  __________________________________________

SIGNATURE OF PARENT OR LEGAL GUARDIAN

Date Signed ____________________
Health Information

Name: __________________________ Date of birth: __________________________ Sex: ______

Program: ___________________________ Term/Semester: __________________________ Year: __________

The purpose of this form is to help Clemson University to be of maximum assistance to you should the need arise during your travel experience within the United States. Mild physical or psychological disorders can become serious under the stresses of life while travelling away from home. It is important that the program director be made aware of any medical or emotional problems, past or current, which might affect you while travelling. The information provided will remain confidential and will be shared with the program staff, faculty, or appropriate professionals only if pertinent to your well-being. Clemson University may not be able to accommodate all individual needs or circumstances.

This information does not affect your admission to the Program, and if you so choose, you may complete the form at a later time; however, it must be completed at least ____ days prior to departure.

Medical History

Yes ___ No ___ 1. Are you generally in good physical condition? (If no, please explain.)

Yes ___ No ___ 2. Do you have any psychological or emotional problems that would adversely affect your participation in the program? (If yes, please explain.)

Yes ___ No ___ 3. Do you have allergies? (If yes, please explain.)

Yes ___ No ___ 4. Are you taking any medications? (If yes, list and explain.)

Yes ___ No ___ 5. Have you had any major injuries, surgeries, diseases or ailments in the past five years that would adversely affect your participation in the program? (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 medical information which would be helpful for the program director to be aware of during your Program which involves travel in the United States? (If yes, please explain in detail).

I affirm 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 Participant ___________________________________________ Date ______________________