

Guidelines for Travel Programs Miami University

Note: These guidelines do not apply to Miami's John E. Dolibois European Center (MUDEC)

The **Travel Guidelines** were developed by the Committee on International Education and approved by University Senate on February 7, 2000. All coordinators of travel programs are responsible for the information contained in these guidelines, as well as ensuring that all forms are on file in the proper location prior to departure for travel programs and programs. These policies apply to credit programs, as well as non-credit programs.

Please note that there are three forms each participant in the program or program must complete and submit to you, the coordinator:

- **Assumption of Risk and Release** - the original will be on file at the Office of Continuing Education and a copy will accompany the coordinator.
- **Emergency Contact Information** - the original will accompany the coordinator during the program, and a copy will be on file with the Miami University Department of Public Safety.
- **Certificate of Medical Insurance Coverage and Medical Authorization** - the original will be on file at the Office of Continuing Education and a copy will accompany the coordinator. A parent of any participant under the age of 18 must sign this form.

Program coordinators must submit one complete set of documents to the Office of Continuing Education and one complete set of documents to the Miami University Police Department, prior to departure:

- **Emergency Contact Information:** a list showing the name, address, home phone number, secondary phone number, and next of kin (or other person to be contacted in case of emergency) for every person on the trip, including instructors. This information is taken from the Emergency Contact form the participant completes. (A spreadsheet works well for detailing this information, a sample is included in this booklet, and on the enclosed CD.)
- **Detailed, day-to-day itinerary,** including emergency phone numbers, fax, e-mail, or other available means of contacting the program coordinator at any time during the travel.

In addition, submit the following forms to the Office of Continuing Education:

- **Assumption of Risk and Release** form copies
- **Certificate of Medical Insurance Coverage and Medical Authorization** form copies

These documents must accompany the program coordinator during travel, also. We suggest that the next of kin of the program participants also have this information.

These forms and guidelines are available in electronic format on the CD in this packet, or from the Office of Continuing Education.

If you have questions about these guidelines or the forms, please contact the Office of Continuing Education at 529-1508.

Policies for Travel Programs Miami University

Travel programs present special challenges, unique opportunities and rewards, and substantial risks. No set of guidelines can ensure the safety of participants. Thus, these guidelines represent “best practices.” There is, however, no substitute for good judgment and responsible behavior. Coordinators, staff and participants are all expected to exercise good judgment and common sense and are expected to act responsibly at all times.

Coordinators of travel programs are responsible for following the guidelines set forth herein.

I. Application Process

Program coordinators are responsible for developing an application process for the travel program that at a minimum clearly states:

1. Whether the program is “for credit” or “not for credit”
2. Any academic prerequisites
3. The degree to which a student’s disciplinary record is a factor/consideration for admission to the program
4. The syllabus/itinerary for the program
5. Costs of the program
6. Travel arrangements to and from the program
7. A statement that: Foreign travel and living overseas can provide special challenges and stresses. Medical care, including mental health care, emergency medical care and medicine may not be as available and/or of a quality comparable to that available in the United States. Participants are strongly encouraged to assess their ability to participate in the program. Participants with previous or current medical and/or mental health conditions are strongly encouraged to consult with trained medical and/or mental health professionals and to prepare strategies that may be used abroad should they experience problems.
8. Pre-course, supplemental, or post-course travel is not sanctioned by Miami University and may not be included in any advertising, representations or publicity associated with the travel program.

II. Participant Insurance and Waiver/Release Requirements

The coordinator of a travel academic program is responsible for ensuring that each student has completed or complied with the following:

1. Each participant in a travel academic program or experience conducted by or sponsored through Miami University whether for credit or not for credit, must complete and sign the Miami University Assumption of Risk and Release form, the Certificate of Medical Insurance Coverage and Medical Authorization form, and the Emergency Contact Information form. Evidence of health insurance covering a student in the foreign country or countries in which the program or experience is scheduled to take place is required. (Insurance coverage must include repatriation expenses and the cost of emergency medical evacuation). These forms must be submitted to the coordinator at or prior to the program’s pre-departure orientation program. All forms or copies thereof must accompany the coordinator during the travel program. The original Assumption of Risk and Release Form and copies of all other forms must be placed on file at the unit which has administrative responsibility for the program (e.g., the Office of Continuing Education - Oxford). Copies of the Emergency Contact Information Form are to be filed with the Department of Public Safety. Miami has no responsibility for spouses or dependents accompanying the program.

The following requirements are under review. Check with the continuing education office for up-to-date requirements:

2. Each participant is required to have an International Student Identification Card which provides insurance coverage, including medical evacuation and repatriation. Participants will be required to present a copy of this card to the coordinator responsible for the program prior to departure. International Student Identification Cards may be purchased through the Office of International Programs (OIP) or directly from the Council on International Educational Exchange (CIEE). Faculty and staff must purchase International Teacher Identification cards unless they are covered by Miami University insurance or other insurance which provides comparable medical, medical evacuation and repatriation coverage. International Teacher Identification cards are available at OIP.
3. Participants participating in the International Student Exchange Program (ISEP) must purchase the insurance coverage offered by ISEP. All participants participating in ISEP or other exchange programs

must sign an Assumption of Risk and Release form provided by the OIP absolving Miami University, its trustees, agents and employees of any responsibility beyond the control of Miami University.

III. Disability Regulations

The Office of Disability Resources is responsible for providing reasonable accommodations for individuals with disabilities in accordance with the Rehabilitation Act of 1973 and the Americans with Disabilities Act (1990). Reasonable accommodations will be arranged where possible for individuals with disabilities by contacting the Office of Disability Resources at (513)529-1541 (Voice/TTY) or Fax: (513)529-7158. Individuals with learning disabilities should contact the Office of Learning Assistance at (513)529-8741 or Fax (513)529-8799. Accommodations that fundamentally alter the nature of the program or result in an undue burden on the University will not be provided. Some travel program sites may not be accessible.

IV. Orientation

All travel academic programs sponsored through Miami University in any form whether "for credit" or "not for credit" must contain an orientation program for participants prior to the departure date of the program and as needed on site. A description of the orientation must be included in the program proposal.

At a minimum, the pre-departure orientation must provide:

1. Health Information - including availability of health care at the travel site; Accident and Injury Prevention - immunizations required or recommended (information and immunizations are available from the Student Health Service); participants must be advised to inform themselves regarding health risks and prevention overseas by contacting the Center for Disease Control and Prevention - CDC travel Information available at <http://www.cdc.gov/travel/travel.html>
2. Legal Information - participants should be alerted to differing standards, both for behavior and for operation of the criminal justice system and advised the University will not assume responsibility for or resolve criminal matters on their behalf.
3. Emergency Contact Information and Protocol - what to do, where to go and who to contact in the event of a crisis/emergency on site as well as the location and phone number of the U. S. Embassy or Consulate closest to the program site. Miami's Department of Public Safety (513)529-2222 (open 24 hours a day/7 days a week) must be contacted in the event of emergency/crisis. Emergency Contact forms for each student must be provided by the coordinator to the Miami Police Department prior to departure. Copies of the form are to be on site with the coordinator. (Copies of passports and photo IDs should be attached to Emergency Contact Information forms).
4. Political/Cultural Conditions - Information regarding political, cultural and religious conditions in the travel country must be disseminated in writing. Participants are to be advised to inform themselves of risks by:
 - a. Calling the Citizens Emergency Center in the U. S. State Department's Office of Consular Affairs (202) 647-5225 or
 - b. By accessing the U. S. State Department Consular Information sheets; Travel Warnings & Public Announcements for information regarding specific countries at travel.state.gov/travel, and
 - c. By accessing the U. S. State Department Crisis Abroad Advisory offering information on what the State Department Bureau of Consular Affairs can do for Americans caught in a crisis or emergency abroad available at travel.state.gov.
5. Rules of Foreign Institution - If the travel program is being hosted by a foreign university, participants must be informed that they are subject to the host university's student conduct code as well as Miami's *Code of Student Conduct*. In case of conflict about standards of conduct, the host institution's conduct code prevails. Participants should be provided with a copy of the host institution's student conduct code or informed of how to obtain a copy.
6. Harassment - Student should be advised to immediately contact the Coordinator, a staff person accompanying the program and/or the Office of Affirmative Action (513)529-7157 if they believe they are being subjected to harassment, sexual or otherwise, during a travel program.
7. Drugs and alcohol - Participants must be informed that Miami University does not tolerate unlawful possession, use of, or distribution of illegal drugs and alcohol by participants. Under no circumstances may University funds be used to purchase alcohol for participants. Participants of legal age who are consuming alcohol in a host country, must do so responsibly, respecting the health and safety of self, others, and the laws of their host country.
8. Safety information - Participants should be provided with safety instructions. Orientation should include general safety information and ways in which participants can get safety information.
 - a. Safety information should be provided both before the participants leave campus and once they have arrived at the foreign site.

- b. Safety information should be site specific as well as general.
 - c. Safety information should be designed both to alert participants to potential dangers and to instruct them about ways they can, through their own behavior, reduce danger. Safety information should not be limited to danger from criminal activity but also include dangers occurring because safety standards are not what participants experience in the US, (e. g., bus and auto travel, hotel safety).
9. Participants must be informed in writing at the pre-departure orientation:
- a. That they will be subject to the laws or customs of the cities and countries they visit as well as to the applicable rules of Miami University and the program itself (see Section V below);
 - b. That Miami University is not responsible for the violation of any laws by the participants;
 - c. That Miami University does not assure that U. S. standards of due process apply in other countries nor can it provide or pay for legal representation;
 - d. That orientations and other planning cannot cover all situations that may arise in travel; and
 - e. That pre-course, supplemental, or post-course travel is not sanctioned by Miami University.
10. Provide participants with copies of *Student Conduct Rules for Travel* (see below).

V. Student Conduct Rules for Travel Programs

Coordinators of travel programs are responsible for enforcing Miami University standards and policies.

Rules

Participants in a travel program conducted by or sponsored by Miami University whether “credit” or “not for credit” are bound by the applicable rules of Miami University, by rules of the foreign institutions as disseminated during orientation sessions, and by laws of the foreign country. In addition, participants may be bound by expectations or regulations as specified in writing by the coordinator as deemed necessary for the proper functioning of the program. The Miami University regulations in *The Student Handbook*, the proscriptions stated in the Academic Misconduct Policy and Code One of the Code of Student Conduct are fully applicable, and violations of them will not be tolerated.

Procedures

If there is reason to believe that a student may have violated University regulations, the rules of a foreign institution, the laws of the foreign country or expectations or regulations specified by the coordinator or if a student’s conduct poses a significant risk of harm to the health or safety of the student, to others, to the stability or continuance of the travel program or to property, the coordinator will attempt to meet with the student. It is advisable that the coordinator has an additional person present at the conference. A written and dated record of the conference must be kept. The coordinator will advise the student in advance of the conduct that precipitated the meeting. If the coordinator determines that the seriousness of the incident is such that it warrants a possible dismissal of the student from the program, the coordinator must confer with the Dean of Participants or other appropriate administrator at Miami University as to what action should be taken. Participants should also be aware that they are subject to the rules and penalties of the host institution and of the respective foreign country.

Dismissal from the Program

The desired outcome of the conference with a student is that the student will be permitted to complete the program. If the coordinator determines, however, that the student’s continued association with the program poses a significant risk of harm to the student or imperils the health or safety of other program participants, the academic integrity of the program, or the relationship with the foreign institution or country, the student will be immediately dismissed from the program. In the event of dismissal from the program, the student must vacate the facilities provided by the program and withdraw from all course work associated with the program. In the event of dismissal, the student remains responsible for all costs associated with program enrollment, without recourse to a refund.

Further Action

Faculty may exercise the option of dismissing a student from the travel program. Additionally, if the coordinator determines that the student’s conduct may have violated academic conduct standards or rules as stated in “The Code of Student Conduct” in *The Student Handbook*, the reporting requirements stated therein will be followed, and the accused student will have recourse to the appropriate procedures upon return to the University.

VI. Special Considerations

Coordinators should consider the following issues when developing travel programs:

1. Travel arrangements - safety concerns, insurance, reliability, rental cars (who is authorized to drive);
2. Known dangers at or near the program site - high crime areas, health risks/dangers unique to a particular venue, threats of terrorism or civil unrest at or near the program site;

3. When to require participants to return home (terrorism, civil unrest, etc.)
4. Whether coordinators or staff person will be in residence at the same location as the participants.
Emergency contact numbers for the coordinator/staff must be provided to participants at all times.

Program Incident Reporting and Emergency Procedures

1. Program coordinator immediately contacts Miami University Police:
 - A. Telephone: 513-529-2222
 - B. Fax: 513-529-8117
 - C. E-mail: dispatch@muohio.edu
2. Miami University Police immediately contacts Office of Continuing Education or designee.
 - A. Office of Continuing Education (OCE) direct telephone: 513-529-1827
 - B. OCE main telephone: 513-529-1508
 - C. OCE Fax: 513-529-1826
 - D. If OCE coordinator is scheduled to be unavailable, another individual will be identified to Miami University Police to cover for that period. Contact information will be made available to program coordinators and Miami University Police in early May each year.
3. OCE/designee notify others as necessary:
 - A. Academic Department Chair
 - B. Dean/Associate Dean of the academic division and Graduate Dean/Associate Dean if the student is a graduate student
 - C. University Communications - News and Public Information Office
 - D. Others as requested by the program coordinator.
 - E. Others as determined by the type of situation:
 - i) Death: Coordinator, Student Health Center -
University Institutional Response Team (529-3051)
 - ii) Missing Person: Miami University Police & Institutional Response Team
 - iii) Illness or injury with hospitalization: Depends on the situation.
 - iv) Psychological Emergency: Student Counseling Center (529-4634)

Information to relay when contacting Miami University Police:

1. Your name
2. Name of the Program
3. Location of the program
4. Specific nature of the incident
 - A. Type
 - B. Severity
 - C. Current status
 - D. Who is involved.
 - i) Names
 - ii) I.D. and home addresses to eliminate potential for confusion
5. What are the facts?
6. Who (other participants, friends, parents, et al) knows what is going on and who else needs to?
7. How you know this information, i.e.;
 - A. First-hand knowledge
 - B. Official reports. Indicate if there are written documents that relate to the emergency.
 - C. Direct witness accounts made to you
 - D. Rumor, speculation, or other indirect means.
8. From your point of view, who are the key people on this end who need to be informed?
9. Any special request from the individual(s) involved about notification or communication?
10. Immediate plans
11. Desired support from MU
12. How and when to contact you
13. When and how you plan to make next contact with MU.

Incidents to Report

1. Death
2. Missing Person (>24 hours)
3. Medical: Serious injury, illness, or imminent peril.
 - A. Multi-day hospital stay
 - B. Risk to others
 - C. Local Peril
4. Psychological: Situations involving a sufficient level of emotional, cognitive, or psychological distress or disruption that a significant level of dysfunction exists, or is imminent, in the ability to perform basic functions, including participate meaningfully in the academic program.
 - A. Common situations include:
 - i) Victim of physical or sexual harassment or assault
 - ii) Other traumas
 - iii) Personal losses, real or imagined.
 - B. Symptoms may include:
 - i) Depression
 - ii) Anxiety
 - iii) Rapid mood vacillation
 - iv) Bizarre or unusual behavior
 - v) Bizarre or unusual thoughts or thought patterns.
5. Legal: Involvement with the legal system.
 - A. Arrest or detention
 - B. Expulsion from lodgings or other facilities
 - C. Student disciplinary action, e.g.; suspension or dismissal from a program
 - D. State Department advisories or warnings
 - E. Expulsion from the country
 - F. Coup d'etat, revolution, or other armed insurgency
 - G. Serious crimes against our participants, faculty, or staff. (armed robbery, rape, kidnapping).
6. Information to Collect
 - A. Complete facts.
 - B. As much as possible about who is involved.
 - C. What is their condition, including how do the participants and you feel in relation to the situation.
 - D. How would you describe the interpersonal context; how others are reacting or responding to those involved, how they know and are involved, and especially who are providing support to those involved?
 - E. What interventions have been attempted so far and with what outcomes?
 - F. Can the student(s) continue with or re-join the program?
 - G. How?
 - H. Is anyone going to remain with them?
 - I. Does the student want to return home?
 - J. What can you relay about their prior history, home situation, etc., that may help?
7. Confidentiality: How and when to make contact.

NOTE:

It is better to err on the side of caution, i.e.; it is better to seek assistance or contact Miami University sooner rather than later or collect and provide too much rather than too little information.

MIAMI UNIVERSITY
ASSUMPTION OF RISK AND RELEASE FORM
THIS IS A RELEASE OF LEGAL RIGHTS -- READ AND UNDERSTAND BEFORE SIGNING.

Name of Applicant: _____

Date of Birth: _____
(If Applicant is under 18 years of age, a parent or legal guardian must also read and sign this form.)

Program: _____

I hereby agree as follows:

1. **Risks of Travel Study** I understand that participation in the Miami University Traveling Program specified above (the "Program") involves risks not found in study at the University. These include, but are not limited to, risks involved in traveling to and within, and returning from, one or more foreign countries; foreign political, legal, social, and economic conditions; different standards of design, safety and maintenance of buildings, public places and conveyances; local medical and weather conditions. I have made my own investigation and am willing to accept these risks.

2. **Institutional Arrangements** I understand that the University does not represent or act as an agent for, and cannot control the acts or omissions of, any host institution, host family, transportation carrier, hotel, tour organizer or other provider of goods or services involved in the Program. I understand that the University is not responsible for matters that are beyond its control. I hereby release the University from injury, loss, damage, accident, delay or expense arising out of any such matters.

3. **Independent Activity** I understand that the University is not responsible for any injury or loss I may suffer when I am traveling independently or am otherwise separated or absent from any University-supervised activities. I acknowledge and understand that my participation in the Program is entirely voluntary.

4. **Health and Safety**

A. I understand that foreign travel and living overseas can provide special challenges and stresses. Medical care, including mental health care, emergency medical care and medicine may not be as available and/or of a quality comparable to that available in the United States. Participants with previous or current medical and/or mental health conditions are strongly encouraged to consult with trained medical and/or mental health professionals and to prepare strategies that may be used abroad should they experience problems. I acknowledge that I have been strongly encouraged to assess my ability to participate in the program and have done so.

B. I am aware of all applicable personal medical needs. I have arranged, through insurance or otherwise, to meet any and all needs of payment for medical costs while I participate in the Program. I recognize that the University is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility therefore. If I require medical treatment or hospital care, in a foreign country or in the United States, during the program, the University is not responsible for the cost or quality of such treatment or care.

C. Miami University may (but is not obligated to) take any actions it considers to be warranted under the circumstances regarding my health and safety. I agree to pay all expenses relating thereto and release the University from any liability for any of its actions or inactions.

5. **Standards of Conduct.**

A. I understand that each foreign country has its own laws and standards of acceptable conduct, including dress, manners, morals, politics, drug use and behavior. I recognize that behavior which violates those laws or standards could harm the University's relations with those countries and the institutions therein, as well as my own health and safety. I will become informed of, and will abide by, all such laws and standards for each country to or through which I will travel during the Program.

B. I will also comply with the University's rules, standards and instructions for student behavior. I waive and release all claims against the University that arise at a time when I am not under the direct supervision of the University or that are caused by my failure to remain under such supervision or to comply with such rules, standards, and instructions.

C. I agree that the University has the right to enforce the standards of conduct described above, in its sole judgment, and that it will impose sanctions, up to and including expulsion from the Program, for violating these standards or for any behavior detrimental to or incompatible with the interest, harmony, and welfare of the University, the Program, or other participants. I recognize that due to the circumstances of foreign study programs, procedure for notice, hearing and appeal applicable to student disciplinary proceedings at the University do not apply. If I am expelled, I consent to being sent home at my own expense with no refund of fees.

D. I am solely responsible for any legal problems I encounter with any foreign nationals or government of the host country. The University is not responsible for providing any assistance under such circumstances.

6. **Program Changes.** The University has the right to make cancellations, substitutions or changes in case of emergency or changed conditions or in the interest of the Program. I understand that the University's fees and program charges are based on current airfares, lodging rates and travel costs, which are subject to change. If I leave or am expelled from the Program for any reason, there will be no refund of fees already paid. I accept all responsibility for loss or additional expenses due to delays or other changes in the means of transportation, other services, or sickness, weather, strikes, or other unforeseen causes. If I become detached from the Program group, fail to meet a departure bus, airplane, or train, or become sick or injured, I will at my own expense seek out, contact, and reach the Program group at its next available destination.

7. **Assumption of Risk and Release of Claims.** Knowing the risks described above, and in consideration of being permitted to participate in the Program, I agree, on behalf of myself, my family, heirs, and personal representative(s), to assume all the risks and responsibilities surrounding my participation in the Program. To the maximum extent permitted by law, I release and indemnify Miami University, and its officers, employees and agents, from and against any present or future claim, loss or liability for injury to person or property which I may suffer, or for which I may be liable to any other person, during my participation in the Program (including periods in transit to or from any country where the Program is being conducted).

I have carefully read this Release Form before signing it. No representations, statements, or inducements, oral or written, apart from the foregoing statement, have been made. This agreement shall become effective only upon receipt of my application by Miami University and shall be governed by the laws of the state of Ohio, which shall be the forum for any lawsuits filed under or incident to this agreement or to the Program.

X _____
Signature of Applicant

Date

The original of this form is to be placed on file at the unit which has administrative responsibility for the program (i.e., the Office of Continuing Education - Oxford).

A copy of this form should accompany the coordinator during the travel program.

EMERGENCY CONTACT INFORMATION

Name of Participant: _____

Program: _____

Dates of Program: _____

In the event of a health or safety emergency please contact:

Name: _____ Relationship: _____

Address: _____

Phone: Daytime - _____ Evening - _____

Other contact information (cell phone/pager number, email, etc:

1. Attach a copy of Passport
2. Attach a copy of Photo ID(s)

The original of this form should accompany the coordinator during the travel program.

A copy of this form is to be placed on file with the Department of Public Safety.

**CERTIFICATE OF MEDICAL INSURANCE COVERAGE
VALID IN _____
(Name of Country)**

I hereby certify that the undersigned student will be covered by medical insurance and emergency flight return insurance valid in _____ (name of country) during the time _____ that he or she will be at Miami University's _____ (name of course or program).

_____ Date _____ Student's Signature

_____ Date _____ Parent's or Guardian's Signature
(Required if student is under age 18)

Name of Insurance Company _____

Policy Number _____

Emergency (Medivac) flight return insurance? _____

Provided automatically with International Student Identification Card _____

**AUTHORIZATION FOR MEDICAL PROCEDURES
AND RELEASE OF MEDICAL INFORMATION**

I hereby grant permission to any licensed physician or dentist to perform emergency treatment on the undersigned student while he or she is participating in the Miami University Travel Program in _____ (Name of Country) from _____ through _____. Because of the nature of the program, I further acknowledge and agree that Miami University officials responsible for the program have a need to know and a right to know about medical procedures and the prognosis of any medical condition that may affect my continuing participation in the program. As such, I hereby authorize medical personnel to release medical information relevant to my continuing participation in the _____ (Name of Course or Program) in _____ (Country) to the aforementioned Miami University personnel on a need to know basis.

The following is information concerning medical history, including allergies, medications being taken, and any physical impairments, to which a physician should be alerted:

_____ Date _____ Student's Signature

_____ Date _____ Parent's or Guardian's Signature
(Required if student is under age 18)

A copy of this form should be placed on file at the unit that has administrative responsibility for the program (e.g., the Office of Continuing Education - Oxford). The original should accompany the coordinator during the travel program.