Alternative Breaks Participant Forms Packet

Fall & Winter Breaks 2012

Please return the following completed forms and items to the Community Engagement & Leadership Center (Hughes-Trigg Suite 200) no later than **Friday, September 21st at 5:00pm** to secure your spot on your Alternative Break trip. If you have questions, please contact Katie Jones at katherinej@smu.edu or 702-858-7122.

Please return these items:

- ☐ Participant Agreement Form
- ☐ Release of Liability Waiver
- ☐ Emergency Medical Form
- ☐ Copy of medical insurance card
- ☐ Trip Payment by *check only*
  (Fall Break - $75; Winter Break - $150)
  (made payable to Community Engagement & Leadership Center)

ALTERNATIVE BREAKS

Participant Agreement Form

Alternative Break Policies: The AB program is an alcohol and drug free event. All SMU policies apply while away campus and students are subject to following to the Student Code of Conduct, including the following provisions:

1) Participants are to stay with the group at all times and participate in daily activities planned by site leaders. This includes the days and hours you may not be working with a community agency.

2) Please remember that regardless of age, AB does not allow for the possession, consumption, or purchase of alcohol during the trip. Similarly, no drugs, except those drugs prescribed to you by your physician, are allowed.

If found in violation of these policies while on an Alternative Break trip, you will pay for your own immediate return to SMU. All violations will be followed up with the Dean of Student Life. Please sign the below statement that indicates you understand this policy and will adhere to it while attending Alternative Break.

I, _____, agree to attend my Alternative Break trip with the understanding that this is an alcohol and drug free event. Regardless of my age, I will not be in possession of said items, will not consume said items, and will not purchase said items. I understand that violation of this or any other SMU policy while on the AB trip will result in my immediate return to Dallas, TX. Any expenses accrued due to my violation of this policy and having to be sent back to Dallas, TX will be charged to my SMU student account. These violations, as I understand it, will be followed up through SMU Student Conduct Procedures.

Signed:_____

Alternative Break Trip Location:_____

Date:_____

RELEASE OF LIABILITY
TO
SOUTHERN METHODIST UNIVERSITY
FOR
ALTERNATIVE BREAKS

WHEREAS, _____ (hereinafter called "Participant") has made a commitment
(name of Participant)
with **ALTERNATIVE BREAKS** to participate in an **Alternative Break Trip** (hereinafter called the "Event") in _____ on _____; and
(name of location) (date)
WHEREAS, **ALTERNATIVE BREAKS** desire to have Participant participate in the Event; and

WHEREAS, **ALTERNATIVE BREAKS** have arranged for transportation to and from the Event which Participant may use if Participant desires;

NOW THEREFORE, FOR AND IN CONSIDERATION OF **ALTERNATIVE BREAKS** allowing Participant to participate in the Event and to use the above described transportation, Participant agrees as follows:

1. If Participant is providing his/her own transportation during the course of the Event, Participant must provide his/her own automobile collision and liability insurance. IT IS UNDERSTOOD THAT PARTICIPANT MAY NOT BE COVERED BY ANY INSURANCE POLICY WHICH IS OWNED BY SOUTHERN METHODIST UNIVERSITY AND THAT PARTICIPANT PARTICIPATED IN THE EVENT AT HIS/HER OWN RISK.
2. That all terms and conditions contained in this agreement extend to and are obligatory upon the heirs, personal representatives, successors, family and assignees of the Participant.
3. That Participant will hold harmless Southern Methodist University, its Trustees, officers, employees, and agents, and **ALTERNATIVE BREAKS,** its sponsors, officers, agents and representatives for lost or stolen property either personal or rental, and shall indemnify, defend, and hold harmless, the parties named herein against claims for lost or stolen rental property.
4. The terms of this agreement are to be governed by and construed under the laws of the State of Texas and shall be deemed to have been fully performed in Dallas, Dallas County, Texas.
5. RELEASE: Participant, in consideration for the permission to participate in the Event and with the intent of binding himself/herself, his/her spouse, if applicable, his/her heirs, legal representatives, and assigns, voluntarily and knowingly agrees to the following: PARTICIPANT RELEASES, INDEMNIFIES, DEFENDS, AND HOLDS HARMLESS SOUTHERN METHODIST UNIVERSITY, ITS TRUSTEES, OFFICERS, EMPLOYEES, AND AGENTS, AND **ALTERNATIVE BREAKS**, ITS SPONSORS, OFFICERS, AGENTS, AND REPRESENTATIVES AGAINST ALL LIABILITIES, CLAIMS, SUITS OR DEMANDS FOR INJURIES TO HIMSELF/HERSELF, ANY OTHER PERSON, AND/OR PROPERTY RESULTING FROM OR GROWING OUT OF HIS/HER PARTICIPATION IN THE EVENT AND TRANSPORTATION TO AND FROM THE EVENT INCLUDING ANY ACTS OR OMISSIONS CONSTITUTING NEGLIGENCE BY SOUTHERN METHODIST UNIVERSITY, ITS TRUSTEES, GOVERNORS, OFFICERS, EMPLOYEES, OR AGENTS OR **ALTERNATIVE BREAKS,** ITS SPONSORS, OFFICERS, AGENTS AND REPRESENTATIVES. PARTICIPANT HEREBY COVENANTS AND AGREES IN FURTHERANCE OF HIS/HER OBLIGATION UNDER THE TERMS OF THIS AGREEMENT AS ACCEPTED, TO DEFEND THE PARTIES RELEASED HEREIN BY AND THROUGH COUNSEL CHOSEN BY SOUTHERN METHODIST UNIVERSITY.

The terms of this Release of Liability are to be governed by and construed under the laws of the State of Texas.

ACCEPTED AND AGREED:

FOR: _____
PARTICIPANTS PRINTED NAME

BY: _____
PARTICIPANT'S SIGNATURE

DATE: _____

ADDRESS: _____

Alternative Breaks Emergency Medical Form

Name:_____
(First) (Middle) (Last)

Phone #_____ Email:_____ DOB: _____
(MM/DD/YYYY)

Emergency Contact Name:_____

Address:_____

Relationship to you:_____

Daytime Phone:_____ Evening Phone:_____

Please list any prescribed medications you are currently taking and dosages:

_____

Please list any allergies we should be aware of:

_____

Other health concerns:

_____

_____

_____

* *If you have any health concerns which could potentially affect you during this trip, it is your responsibility to notify your site leader and/or advisor of any special needs (i.e. prescriptions that you need to be taking, inhalers, shots, etc…) as well as what to needs to done if an emergency situation occurs (i.e. seizures, asthma, diabetes, etc…)*

Dietary Concerns/Needs:_____

Insurance Information:

Do you have health insurance? ☐ yes (complete following info. ☐ no

Name of Insurance Company/Carrier:_____

Name of Policy Holder: _____

Group policy #:_____ Member ID #:_____

Insurance Phone # (usually 1-800; to confirm coverage):_____

Primary Care Doctor:_____ Phone:_____

Address:_____

Please attach a copy of your current medical insurance card to this packet!

MEDICAL RELEASE

I hereby give my permission to be treated by competent medical personnel as a result of an accident or medical emergency while involved on the ALTERNATIVE BREAK TRIP.

Signature: _____ Date:_____

Insert copy of your medical insurance card here