

APPLICATION FOR  
TRUMAN STATE UNIVERSITY  
2015 EDUCATIONAL TRAVEL PROGRAMS



**I. PERSONAL INFORMATION:**

Name: \_\_\_\_\_  
Last name First name Middle

School Address: \_\_\_\_\_  
Street & Number

\_\_\_\_\_ City, State, and Zip code

School Phone (Area code first): Daytime \_\_\_\_\_  
Evening \_\_\_\_\_

Fax (Area code first): \_\_\_\_\_ E-mail: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Sex: \_\_\_\_\_ Passport Number: \_\_\_\_\_ Or applying for: ( \_\_\_\_ )

Major: \_\_\_\_\_ Status: \_\_\_\_\_

**Relevant Medical Information:** *(Please provide information regarding any allergies, chronic problems, physical disabilities or limitations, or other conditions that may affect your participation in the program).*

\_\_\_\_\_  
\_\_\_\_\_

Next of Kin: \_\_\_\_\_

Phone: (Area code first) \_\_\_\_\_

Address: \_\_\_\_\_

Street & number

\_\_\_\_\_ City, State and zip code

**II. TRANSPORTATION INFORMATION:**

In-flight requests *(Special meals, etc)*: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**III. How did you learn about this study abroad program?**

\_\_\_\_\_  
\_\_\_\_\_

#### **IV. APPLICATION DECLARATION AND RELEASE:**

In consideration of my application to participate in The Truman State University 2014 program in Europe, I hereby covenant and agree that as a participant in this program I shall be subject to the supervision and authority of the faculty. I agree that the University and the program faculty may establish standards of conduct, and that I will accept my responsibility for acting responsibly at all times as a representative of the University. I further acknowledge that the 2014 Program Director or the faculty has the sole authority to make decisions regarding the continued participation of any individual who by his/her conduct may require disciplinary action. I understand that should the faculty and directors deem it in the best interests of the program, I agree to being sent home at my own (or my parents') expense with no guarantee of any subsequent refund from the university.

If for some medical reason I am unable to make decisions for myself, I hereby grant to the faculty and directors of the program to take whatever action they feel is warranted under the circumstances in regard to my health and safety. They may place me at my own, or my parents' expense in a hospital at any point for medical services and treatment, or if a hospital is not available, they may place me in the hands of a European physician for treatment. Further, the faculty directors may arrange for my transport back to the United States, at my own or my parents' expense, for medical treatment deemed necessary. I specifically release any of these persons from any liability for such decisions or actions, which may be taken on my behalf. *Moreover, I have reported any physical disabilities or limitations in my application. I understand that should I require extraordinary assistance, I will be accompanied by a helper, who is capable of and totally responsible for providing the required assistance.*

I have read, and I will read, the 2014 program information, which has been provided or will be provided subsequently, and accept all of its disclaimers regarding possible revisions in the course of offerings, scheduled tours, and program costs. I further agree to read all the instructions and student guides, which may be provided to me prior to departure and during the term and will assume all responsibilities stipulated therein. I also agree that I will not hold the faculty, the directors, the University, or the supplier of travel and educational services, responsible for cancellation of transportation services due to strikes, weather conditions, or acts of God beyond the control of the organizers and suppliers of service. I further agree to pay for any additional nights lodging and meals, which are added to the program because of such unforeseen exigencies.

I further agree and understand that Truman State University, the faculty, or European suppliers of services shall not assume any liability for damage or loss of property or for any financial or other obligations incurred by me either in the United States or elsewhere. Moreover, I specifically agree to release, discharge, hold harmless, indemnify and defend the University, the supplier of travel and educational services, their officers, faculty, employees, agents, consultants, and each of them from any and all past, present, and future claims, demands, and for courses of action which for now or in the future be asserted against any of the aforesaid by me, or by any person or party on my behalf or by any third party or parties by reason of any accidents, injuries, or actions by me in transit to or returning from or while participating in this program.

Having read and understood the procedures for admission, registration and payment of fees, and having provided in this application or in separate correspondence (or physician's statement when required), full information about medical problems I have which could affect my participation in the activities of the study abroad program, I hereby apply for admission to the Truman State University 2014 program in Europe.

**Signature of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_