

2015-2016 Faculty and Staff Statement of Responsibility & Authorization

I, _____, a member of the faculty/staff at _____ have agreed to
(First Name Middle Initial Last Name) (University Name)
lead the PLU off-campus course _____ during the period of _____
(Program Name and Location) (Program Start Date)
through _____ as a regular part of my teaching load and/or my job duties.
(Program End Date)

In consideration of this agreement, I hereby acknowledge that I understand that leading a PLU off-campus program involves many types of risks. The risks include personal injuries and property loss resulting from moving from location to location and other causes. Injuries or illness could occur depending on innumerable factors. Injury can occur as a result of the risk level of activity, equipment failure, weather, acts of other participants or third parties whether or not they were negligent, lack of or improper supervision, or disease. The injuries could occur before, during or after the activity or when traveling to or from the activity. Every type of injury could occur, including broken bones, back or brain damage, death or dismemberment. Exposure to viruses or other microorganisms could result in illness, death, additional medical and travel expenses, and travel limitations that might include quarantine, and/or inability to return to the United States and/or Pacific Lutheran University campus.

I understand and hereby acknowledge that I have consulted with my health care provider and carefully reviewed and fully understand the directives and recommendations, including recommendations concerning immunizations and medicines (hereinafter "recommended immunizations"); and potential risks for travel to, in and around _____.
(Study Away Program Location)

Other resources provided to me include the following:

- The United States Department, which issues Travel Warnings, Travel Alerts and Country Specific Information at: <http://travel.state.gov/content/passports/english/alertswarnings.html>;
- The World Health Organization <http://www.who.int/csr/alertresponse/en>; and
- The Centers for Disease Control, via the International Traveler Hotline at 1-877-FYI-TRIP (1-877-394-8747) or at <http://wwwnc.cdc.gov/travel>.

I confirm that I wish to lead and/or assist with the PLU Off-Campus course or program named above and am fully aware of the general and special dangers and risks inherent in traveling to and from, and participating in this activity, I understand that PLU has worker's compensation and liability insurance coverage for university employees and that these policies provide coverage for employees acting within the scope of his/her responsibilities on behalf of the university. I am aware that I am responsible for my personal actions, for any actions outside the scope of my responsibilities as an employee of the university or any deliberate criminal or harmful acts.

Travel & Accommodation: I understand that part of my experience may include travel and overnight or daytime accommodations away from the PLU campus and that these activities involve risk of delays, inconvenience, cancellations, theft, crime, mechanical problems and the potential of injury. This can occur due to equipment failure, vehicle failure, accidents, facility malfunctions, negligent operation and/or supervision by an agent of PLU or a third party, or acts of others (including participants or non-participants). Every type of injury could occur. This may include broken bones, back or brain damage, death or dismemberment. I agree that if I drive my own vehicle I am responsible for current insurance coverage, operation, malfunctions, loss, and passenger safety. If I choose to ride in a vehicle not owned or rented by PLU, I agree that PLU is not responsible for any injuries or loss as a result of riding in that vehicle(s).

Insurance:

I agree that I have and will maintain for this off-campus activity a domestic policy of comprehensive health and accident insurance which provides coverage for injuries and illnesses that I may sustain or experience in off-campus programs, and, more specifically, in the locations in which I will be traveling and active while participating in the scope of the activity. I understand that PLU's Foreign Travel Abroad policy for Travel, Emergency Accident and Sickness (FrontierMEDEX/Navigators) provides coverage for emergency care for students, PLU employees, and faculty dependents traveling abroad for PLU international programs. I understand that I am responsible for all deductibles and charges not covered by the PLU policies. _____(initial)

I agree, that if I have dependents traveling with me on this off-campus activity, that I have and will maintain a domestic policy of comprehensive health and incident insurance which provides coverage for injuries and illnesses that my dependents may sustain or experience in off-campus program, and more specifically, in the locations in which we will be traveling and active while participating in the scope of the activity. I understand that PLU's Foreign Travel Abroad policy

for Travel, Emergency Accident and Sickness (FrontierMEDEX/Navigators) provides coverage for emergency care for faculty dependents traveling abroad with the PLU international program. I understand that I am responsible for all deductibles and charges not covered by the PLU Foreign Travel Abroad policy. _____(initial)

Further Assurances. I further agree:

To report to the Dean of the department or school for which I am hired, or if a Dean, report to the Provost and the Wang Center any physical or mental condition I have that may require special medical attention or accommodation during the activity in advance of the date of travel and/or activity.

To follow all applicable PLU policies and procedures while performing services in connection with the activity listed herein and/or in connection with leading the activity listed herein.

That PLU reserves the right to make changes to the activity's itinerary at any time and for any reason, in consultation with me.

That PLU assumes no responsibility or liability, in whole or in part, for any delayed or changed departure or arrival times, cost changes, dishonors of vehicle rental reservations, sickness, disease, injuries (including death), losses, damages, weather, strikes, acts of God, force majeure, criminal activity, expense, accident, injuries or damage to property, inconveniences, cessation of operations, mechanical defects, failure or negligence of any nature howsoever caused in connection with any accommodations, restaurant, transportation, or other service, or for any additional expenses occasioned by any of the foregoing. If schedules or other uncontrollable factors require me to stay overnight longer than planned, PLU will assume responsibility for my hotel, transfers, meal costs or other expenses within reason and in consultation with the Wang Center. My baggage and personal property are my risk entirely.

That PLU reserves the right to release me from my leadership role in the activity at any time should my actions or general behavior impede the operation of the activity or be detrimental to the rights or welfare of the activity, any person or me. Similarly, if my conduct violates any policy or procedure of PLU, I understand that I may be required to leave the activity at the sole discretion of PLU's agents and representatives, and may be referred to the appropriate PLU officials for further disciplinary or other action. In such an event, any dependents traveling with me will be responsible for any additional fees required in order to return to PLU.

The right is reserved by PLU, in its sole discretion, to cancel the activity or any aspect thereof prior to departure; and, in PLU's sole discretion to cancel the activity or any aspect thereof after departure, requiring that all participants return to campus or relocate, if PLU determines that any person is or will be in danger if the activity or any aspect thereof is continued.

That I have given the Wang Center (and will carry with me) a completed Medical Statement form with emergency contact name and phone numbers of the person or persons who are to be contacted to authorize any medical or surgical treatment deemed necessary in the event of a medical emergency if I am not physically or emotionally capable of consenting at the time such treatment is required. I will accept full responsibility for any medical costs for me or my dependents traveling with me that are not covered by my personal insurance, PLU's foreign travel insurance or worker's compensation policies that may result from my participation in the program and for any treatment for any injury sustained while taking part in the program.

That I hereby give permission to PLU to photograph me and give PLU permission to publish one or more photographs of me and/or taken by me in promotional literature, advertising and other public displays. The photographs may be used by the university at any time, in the manner described here, without my additional consent.

I agree that this Statement of Responsibility and Authorization is to be construed under the laws of the State of Washington, USA; and that if any portion hereof is held invalid, the balance hereof shall, notwithstanding, continue in full legal force and effect. In signing this document I hereby acknowledge that I have read this entire document, that I understand its terms, that I will abide by each of the terms and conditions, and that I have signed it knowingly and voluntarily.

Printed Name

Signature

Date