

DOMESTIC AND INTERNATIONAL STUDY AND ACTIVITIES TRIPS MANUAL

Purpose

McLennan Community College (MCC) strives to provide its students the opportunity for domestic and international experiences through approved academic or enrichment trips taught by MCC employees to MCC students. This manual is intended as a resource guide that expands the MCC policy **B-XXI Domestic and International Study or ACTIVITIES Trips** by assisting employees who plan and prepare all trips details, to include travel, academic content, enrichment, conduct and health and safety concerns. The trip leader should identify, assess and mitigate potential risks associated with each trip. Additional guidelines may be provided by trip leaders and administrators based upon requirements for specific trip needs.

Definitions

Trip Leader – An employee of McLennan Community College who plans and makes all of the arrangements for the trip and determines how many sponsors are needed.

Sponsor/Chaperone – An employee at MCC who assists the trip leader while on the trip. Assisting may include guiding students independently or in conjunction with the trip leader on itinerary items, supervising students during the trip; and helping with disciplinary concerns while on the trip. During the planning stages of the trip, the sponsor/chaperone can help plan and schedule itinerary items, help with payment of invoices for itinerary items and transportation, and help build and complete the trip portfolio for the Vice President, Instruction and Student Engagement's office.

Student – A person who has paid for the study trip and/or enrichment and is enrolled in the course or activity attached to the trip with the intent of traveling and participating in the trip.

Participant – Any person (student, sponsor/chaperone, trip leader) on the trip and/or participating in the itinerary items.

Domestic – A trip in the United States.

International – A trip taken beyond the borders of the United States.

Trip – A scheduled and approved trip that takes students away from McLennan Community College for a specific amount of time attached to a course or student activity.

Trip Approval

The purpose of the trip must be consistent with MCC's mission, and travel must be planned so as not to create an undue interference with college operations. To ensure that sponsored trips are consistent with the College's mission and that student safety issues have been addressed, each trip must be approved by the appropriate division chair, Dean, Vice President(s), and the President.

Trips not receiving such approval will not be recognized as a MCC sponsored trip and will not use or receive College resources. Additionally, only approved trips are entitled to state a connection to MCC.

All sponsored trips must have a designated trip leader who has overall accountability for trip development and implementation. The trip leader is responsible for planning, vetting and selecting sponsors/chaperones, managing trip logistics, and conducting follow-up activities. The trip leader must be a full-time employee in the department that is sponsoring the trip, or in the case of student organization trips, the faculty or staff advisor to the organization, unless otherwise approved by appropriate Dean, the Vice President, Instruction and Student Engagement and the President.

The ratio needed between the number of sponsors/chaperones and students is determined by trip-specific needs (e.g. the number of drivers, the number of students). There is a minimum of two chaperones/sponsors (including the trip leader) per trip, but the ratio may be increased if justified by the trip leader with the support of the appropriate Dean and the Vice President, Instruction and Student Engagement.

The trip leader must submit an online Approval Form for Domestic and International Study or Activities Trips (Appendix A), no later than August 30th of the previous year or 6 months in advance of the proposed trip. Exemptions to the deadline are at the discretion of the Vice President, Instruction and Student Engagement and the President.

The Associate Director of Financial Services will assign an account number for the trip through the online approval form process. An income and expense account for the trip will be set up in the Business Office. Continuing Education enrichment trips will use existing accounts.

Participant Eligibility

Participants should be:

- a. MCC or other participating college/university faculty or staff with a legitimate business reason for participation; or
- b. MCC students enrolled in the domestic or international trip; or
- c. Other students who will gain academic credit at their institutions for participation through institutional arrangements with MCC; or
- d. Other individuals with a documented reason for participating if approved by the appropriate Dean, the Vice President, Instruction and Student Engagement, and the President.

Participants must comply with all trip requirements including, but not limited to, the execution of any acknowledgements and releases in order to enroll and remain enrolled. Trip leaders must submit documentation of internal controls addressing the vetting process for selecting potential students and sponsors/chaperones. These procedures are based on the knowledge, skills, conduct, and training that is necessary for successful participation. These internal controls must be approved by the Dean, the Vice President, Instruction and Student Engagement and the President.

Student pre-requisites include:

- a. Be enrolled in the specific course connected to the trip, or be a club member related to the activity trip;
- b. Be in good academic, disciplinary and financial standing with the College;
- c. Have the ability to meet the physical/mental demands associated with the trip (i.e., walk 20 miles a day, carry a 50 lb. pack) as established by the trip leader in the planning document (American Disability Act guidelines will be considered when registering or enrolling students);
- d. Meet required skills (e.g. SCUBA certification, first aid, leadership, teamwork, etc.);
- e. Have all immunizations required by the Center for Disease Control (CDC);
- f. Show proof of Health/Accident Travel Insurance with emergency medical evacuation, and repatriation of remains from international travel;
- g. Completion (including signatures) of Agreement to Participate, Liability Releases, Medical Forms and Releases, and Emergency Contact Information; and
- h. Meet any additional requirements as determined by the trip leader or Administration.

Sponsor/chaperone (including trip leader) pre-requisites include:

- a. Have relevant skills, knowledge, and experience that a sponsor/chaperone must possess in order to effectively assist;
- b. Be familiar, through training as available, with all existing College policies and guidelines, including those on sexual harassment, confidentiality and other relevant federal laws and regulations such as the College's *General Conduct* and *Sexual Misconduct Policies*, FERPA, and HIPAA;
- c. Have the ability to meet the physical/mental demands associated with the trip (i.e., walk 20 miles a day, carry a 50 lb. pack) as established by the trip leader in the planning document (American Disability Act guidelines will be considered when registering or enrolling sponsors/chaperones);
- d. Meet required skills (e.g. SCUBA certification, first aid, leadership, teamwork, etc.);
- e. Have all Immunizations required by the CDC;
- f. Show proof of Health/Accident Travel Insurance with emergency medical evacuation, and repatriation of remains from international travel;
- g. Completion (including signatures) of Agreement to Participate, Liability Releases, Medical Forms and Releases, and Emergency Contact Information; and
- h. Meet any additional requirements as determined by the trip leader or Administration.

General Program Requirements

1. Domestic and International trips must be approved in accordance with MCC's instructional goals and College values and by the appropriate Dean, Vice President(s), and the President;
2. All housing for participants shall be arranged before departure;
3. Leaders and sponsors/chaperones leading trips shall remain reasonably available in person or by phone to participants 24/7;
4. Trip leaders and sponsors/chaperones will maintain copies of the Health Information Form and Waiver and insurance cards in their possession for the duration of the trip and will file a copy in the office of the appropriate Dean and the Vice President, Instruction and Student Engagement;
5. Trip Leaders shall comply with all budget and accounting procedures stipulated in College policy and available from the Vice President of Finance & Administration;
6. Trip leaders for international trips shall also:
 - a. Establish a Host Country Point of Contact who may be reached at any time by MCC and who is informed of the whereabouts of the participants to the extent reasonably possible.
 - b. Carry a cell phone with long distance service paid by the College and make regularly scheduled reports to the Dean;
 - c. Register with the nearest U.S. Embassy in the Host Country and provide the Embassy a list of names of participants and program itinerary; and
 - d. Coordinate international activities with the Vice President of Finance & Administration for insurance purposes.

Planning

Trip leaders shall ensure the following areas are addressed when planning all domestic and international trips:

Orientation:

Trip leader and sponsors/chaperones will provide participants and parents of minor students with at least one pre-trip orientation. As a minimum, the orientation will include:

- a. Overview materials on travel information;
- b. Trip Portfolio, excluding Personal Information;
- c. Emergency Response Plan; and
- d. Cultural etiquette and mores of the country for international trips.

Overview Materials on International Travel:

All participants should review U.S. State Department materials regarding the general subject of international travel. At a minimum, this includes:

- a. Travel Warnings (<http://travel.state.gov/content/passports/en/alertswarnings.html>);
- b. Tips for Students International travel (<http://travel.state.gov/content/studentsinternationaltravel/en.html>);

- c. Emergency Awareness and Preparedness
(http://travel.state.gov/travel/tips/emergencies/emergencies_1187.html);
- d. Services and Information for American Citizens International travel
(<https://americansinternationaltravel.org/helpful-information/>)

Trip Portfolio:

Trip leaders will prepare a Trip Portfolio that will be filed with the appropriate Dean and the Vice President, Instruction and Student Engagement before departure. The Trip Portfolio will address issues regarding trip plans, availability of medical facilities, safety and security, communication, cultural differences and housing in all countries visited. At a minimum, the Trip Portfolio must include the following trip-specific information:

- a. Names of Participants;
- b. Itinerary;
- c. Means of Communication (normal and emergency);
- d. Host Family/Housing Plans and Issues;
- e. Road Travel Report, if applicable;
- f. Program Specific Health, Safety, and Cultural Issues;
- g. Copies of Participants' Personal Information, including next of kin, medical information and copies of any acknowledgments and releases;
- h. The following information is required for International travel:
 - 1. Host Country Point of Contact Name and Phone Number;
 - 2. Nearest American Embassy/Consulate in the Host Country, Address and Phone Number;
 - 3. U.S. State Department of Consular Information Sheets;
 - 4. U.S. State Department Background Notes;
 - 5. U.S. State Department Travel Warnings;
 - 6. Additional Center for Disease Control Information; and
 - 7. Any Host Country Contacts for Emergency Response Planning.

Emergency Response:

Trip leaders must also develop plans to respond to foreseeable emergency situations. The following guidelines are intended to assist the trip leader anticipate, mitigate and respond to emergency situations:

- a. identify likely, foreseeable emergencies that are country and travel specific (e.g. need to unexpectedly return home for an individual or group; vehicle breakdowns; illness; participant behavioral problems);
- b. identify official and personal emergency contacts and establish protocols for effective communication by all trip participants;
- c. prepare a first aid and emergency kit with provisions as required by the trip;
- d. provide, and discuss with participants, College contact phone numbers; names and phone numbers of emergency personnel (local police, fire, ambulance, urgent care and hospital) and copies of trip daily itinerary;
- e. determine cell phone coverage for areas prior to travel (satellite phones may be an option for remote areas);

- f. advise participants of potential issues that could arise during emergency situations (injury, illness, etc.) so that they can properly plan for their specific needs (e.g. accessibility, allergies, medications etc.); and
- g. review language issues as they may apply to emergency situations.

As needed, according to the incident, trip leaders (or participants as needed) shall:

- a. contact local police or law enforcement to report theft, vandalism, or any other criminal activity;
- b. contact the local emergency medical provider for medical emergencies;
- c. contact the Dean;
- d. if on an International trip, contact the contact U.S. Embassy in the Host Country, particularly if a student is involved with the police while on International travel;
- e. report all injuries or illnesses to designated campus officials; and
- f. submit accident or incident reports within 24 hours to College officials including the appropriate Dean, Vice President and the President.

Health Insurance:

In the event that MCC purchases blanket health insurance for eligible participants, the participant will pay the cost of such insurance. All trip participants (students and McLennan employees) must have domestic or international medical and travel insurance coverage for the following benefit areas: accident/medical, evacuation for medical or security reasons, and repatriation of remains.

Trip leaders must enroll all participants in the College's insurance plan (if provided) at the time of the participant's commitment to the trip, prior to the program departure date(s), and apply the cost to each participant's class/trip fee. The insurance policy must provide coverage for the insured individual for the entire trip period including travel days to and from the destination(s). Trip leaders must clearly communicate insurance coverage start and end dates with covered participants.

Participants who wish to extend their trip dates beyond the insured trip dates are responsible for purchasing extended insurance that covers them throughout their particular travel dates. Any participant's departure from the trip itinerary, including travel to and from McLennan Community College, must be approved by the appropriate Dean, the Vice President, Instruction and Student Engagement, and the President prior to trip departure. At no time should the appropriate sponsor to participant ratio fall below minimum standards.

If the College does not provide insurance, then each participant must show appropriate proof of insurance from an outside provider before departure. The insurance policy must provide coverage for the insured individual for the entire trip period including travel days to and from the destination(s).

For International Trips:

1. Host Country Resources: The trip leader and sponsors/chaperones shall be familiar with Host Country resources in an effort to respond to medical, legal, or civil emergencies, including but not limited to the nearest U.S. Embassy or Consulate. In addition to contacts developed

by the trip leader, other resources from the U.S. State Department can provide information regarding available resources. Trips must not take place in countries with any U.S. Department of State or CDC warnings or alerts that warn or strongly urge against travel unless the trip leader obtains prior written approval from the Vice President, Instruction and Student Engagement, and the President.

2. International Driver's License/Automobile Insurance: If the trip will involve driving overseas by MCC employees or participants, the trip leader shall check with a Host Country embassy or consulate to determine requirements for driver's license, road permits, and automobile insurance. Additionally, if driving overseas will be involved, the trip leader shall contact the Vice President of Finance & Administration to obtain MCC clearance for the driver(s) involved and to obtain automobile insurance valid in the Host Country. No trip participants are authorized to drive vehicles overseas without prior verification of automobile insurance.
3. International Emergencies: The College may contract with an "emergency response provider" for international travel. In the event of an emergency, trip leader and sponsors/chaperones should contact the emergency response number as provided by the Dean, the Vice President, Instruction and Student Engagement. Participants should be informed of the number to call in the event that the trip leader and sponsors/chaperones are not available or are otherwise unable to respond to an emergency. The international "emergency response provider" can arrange for several services, including:
 - a. on-staff, multi-lingual physicians;
 - b. medically supervised evacuation or repatriation;
 - c. daily updates on significant civil events;
 - d. evacuation;
 - e. access to local attorneys; and
 - f. access to translation services.

MCC's Emergency Response Team

In support of the trip leader and sponsors/chaperones, MCC has established an Emergency Response Team, who can be convened locally by the President or his or her designee (i.e., Vice Presidents or the appropriate Dean). In the event of a crisis during travel, the trip leader, sponsors/chaperones, or participants should contact the MCC Police Department (254/299-8911), and MCC Police should contact the President and the Vice Presidents (the Leadership Team) until contact has been established. The Leadership Team will implement appropriate response and support measures. When assembled, the Emergency Response Team can communicate with trip participants and the international "emergency response provider" to support the needs of participants, other persons involved, and the College.

Examples of a crises that could result in the whole group or any one member to return to the United States or the College are, but not limited to: internal turmoil in country, region or state, injury or death of a participant, legal issues, and weather.

Budget and Accounting Standards

Budget and accounting procedures will comply with College policy, available from the Vice President of Finance & Administration. In general terms, program receipts and disbursements will be separate from faculty/staff travel expense reporting. If refunds are made to MCC because of program termination or termination of individual participation, the program will make related refunds to individuals as appropriate.

Annual Leadership Training and Recurring Review

Trip leaders and sponsors/chaperones shall participate in a comprehensive training and review session at least once a year as directed by the Leadership Team.

Standards of Conduct and Prohibitions

College policies, including the *General Conduct Policy E-VIII* and the standards of conduct applicable to students, faculty and staff, apply to domestic and international travel trips. Any exemptions to the *General Conduct Policy* must be approved by the President in writing. All trip participants must remember that they are representatives of the College, and their primary responsibility is the welfare of all participants.

MCC students, employees, sponsors/chaperones, and any other participants attending an off campus event or trip are required for the full duration of the trip to:

- a. comply with standards and policies set forth by MCC, understanding that such compliance is important to the success of the trip;
- b. comply with the laws of the country and the rules and regulations of any host institutions; and
- c. assume responsibility for their own actions.

Disciplinary sanctions for students who fail to comply with these requirements can include suspension and expulsion, and reduced or failing course grades. Failure to comply with these requirements by McLennan employees may result in disciplinary measures, up to and including loss of employment.

Any participant may be dismissed from the trip for a documented violation of College or trip rules, at his/her own expense without credit or refund from MCC of any monies paid. Such action shall be administered in consultation of the Dean and the Vice President, Instruction and Student Engagement.

Information Sources:

- International Identity Cards
 - Website at: <http://usa.isecard.com/>
- U.S. State Department Background Notes
 - Website at <http://www.state.gov/outofdate/bgn/>
- U.S. State Department Consular Information Sheets & Travel Warnings
 - Website at: <http://travel.state.gov/content/passports/en/country.html>
- Road Travel Report, if applicable. Contact ASIRT.
 - Website at: <http://www.asirt.org/>
- Center for Disease Control Information
 - Website at: <http://www.cdc.gov/>

APPENDIX A
McLennan Community College
DOMESTIC AND INTERNATIONAL TRIP APPROVAL FORM

I. Trip Title: _____

II. Course number(s) Associated with Trip: _____

III. Destination(s): _____

IV. Dates and Length of Trip (is this an ongoing or a one-time trip?):

V. Description of Study or Activity Trip to include student learning outcomes expected:

VI. Budget: Attach a budget for Tour to include:

VPFA Initials: ____

- a. Budget Account Number
- b. Cost Per Person
- c. Other sources of income to cover trip expenses
- d. Trip expenses to include travel, room, board, and other expenses (please itemize as best as possible)
- e. Minimum number of students for trip to break even

VII. Trip Participation:

- a. Maximum number of students on the trip:
- b. Number of required Sponsors/Chaperones for the trip (student to Sponsors/Chaperones ratio) and rationale:
- c. Vetting process and preparation for the trip:

VIII. MCC Employees attending Trip as Sponsors/Chaperones:

IX. Security and safety considerations:

VPISE Initials: __

X. Other special consideration or limitations for the trip such as physical requirements (walking, swimming, etc.), if any:

Trip Approval: MCC policies and behavioral guidelines will be followed while on the trip.

Trip Leader Date

Coordinator/Program Director Date

Division Chair Date

Dean Date

Vice President, Instruction and Student Engagement Date

Vice President for Finance and Administration Date

President Date

APPENDIX B

**McLennan Community College
EMERGENCY RESPONSE PLAN (SAMPLE TEMPLATE)**

This is a sample emergency plan template. Each trip will require emergency components specific to the travel. Provide all travelers with appropriate emergency information and the plan. Provide the College with a plan copy.

Travel Dates: Departure _____ Return _____

Itinerary (flight numbers, airport name & location, travel and lodging)

CONTACT INFORMATION (insert additional rows as required for all travelers)

FACULTY AND STAFF				
Name, Title	Email Address	Phone/Cell	Fax	Address
STUDENTS				
Name, Title	Email Address	Phone/Cell	Fax	Address
FACULTY AND STAFF				
Type	Phone	Address	Comments	
Campus Police	Direct: Collect: Toll Free:		Campus specific dispatch can locate faculty/staff including the emergency response team, integrated communications, legal, and student life after hours and on weekends. Insert your campus info.	
DESTINATION EMERGENCY CONTACT INFORMATION (By Country/Region/City)				
Type	Phone	Address	Comments	
Emergency	Country specific		Determine the emergency process in the area you are traveling.	
Hospital				
Ambulance				
Police				
Fire Department				
International Health Insurance Contacts			First responder to all medical and evacuation needs. Identify the carrier and contact information.	
International SOS	(toll-free) 1-800-523-6586 (collect) 1-215-942-8226		Can respond to travel questions.	
US Embassy			As applicable for each destination	

APPENDIX C
McLennan Community College
MEDICAL DISCLOSURE FORM
TRAVEL TRIP PROGRAM

Name: _____

College ID#: _____

Drivers License #: _____ Exp. Date: _____

BIRTHDATE: _____ GENDER: _____

The purpose of this form is to help McLennan Community College (MCC) be of maximum assistance should I need medical care during the MCC sponsored event/experience. I understand I am voluntarily providing the health information below with the understanding that it will remain confidential by the program faculty unless an adverse event threatens my health and/or safety. The information provided will be shared with medical professionals only if pertinent to my own health and well-being.

INSTRUCTIONS: MEDICAL HISTORY. Answer YES or NO in the appropriate blank for each question and provide the information detail as needed for each question):

_____ 1. Are you generally in good physical condition? What would you rate your physical condition as:

____ Excellent (strenuous exercise regularly)

____ Good (walk regularly)

____ Average (minimal walking without difficulty)

____ Below Average (do not exercise and have difficulty doing exercise)

_____ 2. Do you have a joint or muscle-related injury that could impair your ability to hike and walk for long distances? Rate and describe the current status of this injury:

____ Symptoms no longer occur.

____ Symptoms may appear when certain physical exertion situations arise.

____ Symptoms usually appear when certain physical exertion situations occur.

____ Symptoms occur chronically or regularly.

Explain if you checked the 2nd, 3rd, or 4th choice on question #2 above:

Which of the following conditions are you currently being treated or have been treated for in the past (please check)

- | | | |
|--|---|---|
| <input type="checkbox"/> Heart disease/Murmur/Angina | <input type="checkbox"/> Lung problems/cough | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Shortness of breathe | <input type="checkbox"/> Stroke | <input type="checkbox"/> Anemia or blood problems |
| <input type="checkbox"/> Eye disorder/Glaucoma | <input type="checkbox"/> Liver problems/Hepatitis | <input type="checkbox"/> Tonsillitis |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Low blood pressure | <input type="checkbox"/> Depression/Anxiety |
| <input type="checkbox"/> High cholesterol | <input type="checkbox"/> Sinus problems | <input type="checkbox"/> Ulcers/colitis |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Headaches/Migraines | <input type="checkbox"/> Swollen ankles |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Ear problems |
| <input type="checkbox"/> Kidney/Bladder problems | <input type="checkbox"/> Heartburn (reflux) | <input type="checkbox"/> Psychiatric care |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Seasonal allergies | <input type="checkbox"/> Thyroid problems |
| | <input type="checkbox"/> Neurological problems | |

Please describe any current or past medical treatment not listed above:

Please list your past surgeries:

Allergies:

Are you allergic to penicillin or any other drugs or substances, including plants?

Yes No

Please list:

Medications - Please list:

If you currently are taking medications please sign below.

I agree to bring an ample supply of all appropriate medications indicated above, and to take those medications for the duration of the trip:

X _____ Date _____

IN CASE OF EMERGENCY, CONTACT INFORMATION:

Name: _____

Relationship: _____

Home Phone: _____

Business Phone: _____

Cell Phone: _____

Family Physician: _____ Phone: _____

HIPPA Release: I hereby authorize any healthcare provider doctor, physician, medical specialist, health-care professional, dentist, optometrist, health plan, hospital, clinic, laboratory, pharmacy or pharmacy benefit manager, medical facility, pathologist, or other provider of medical or mental health care, insurance company, Medical Information Bureau Inc., or other health-care clearing house that is seeking payment from me for such services, (referred to herein as a “covered entity”), to give, disclose and release to my agent who is named herein,

I hereby authorize the following person to act as my agent with regard to the matters specified in this Release:

Name: _____

Address: _____

Phone: _____

and who is currently serving as such, without restriction, all of my individually identifiable health information and medical records regarding any past, present or future medical or mental health condition, including all information relating to the diagnosis and treatment of HIV/AIDS, sexually transmitted diseases, mental illness and drug or alcohol abuse.

This disclosure shall include the ability to ask questions and discuss this protected medical information with the person or entity that has possession of the protected medical information even if I am fully competent to ask questions and discuss this matter at the time. It is my intention to give full authorization to any protected medical information to my agent. This Release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 42 USC 1320d and 45 CFR 160-164

Initiation and Termination of Release: This Release shall begin on the first day of the McLennan Community College (MCC) sponsored experience/event which is _____ and terminate on the last day of the MCC sponsored experience/event which is _____.

CONSENT FOR TREATMENT:

I hereby grant permission for treatment for emergency illness, accident, or injury.

I certify that all responses made on this Health Information Form are true and accurate, and I will notify (MCC)-hereafter of any relevant changes in my health that occurs prior to the start of the MCC sponsored experience/event.

 Signature of Participant _____ Date _____

 Signature of parent or guardian if student is under 18 years old _____ Date _____

I have read the foregoing and understand its terms, and I freely agree to all the provisions set forth herein. If any portion hereof is held invalid, the balance hereof shall, notwithstanding, continue in full legal force and effect.

Signature of Participant _____ Date _____

Signature of Parent or Guardian (if under 18) _____ Date _____

STATE OF TEXAS
 County of McLennan

This form was acknowledged before me by _____ on this _____ day of _____.

 Notary Public, State of Texas

Include a separate page with a copy of your driver’s license, MCC school ID, military ID (if applicable), and your medical insurance card if applicable.

APPENDIX D

**McLennan Community College
GENERAL CONDUCT POLICY FORM FOR PARTICIPANTS**

I, _____, have read the McLennan Community College (MCC) *General Conduct Policy E-VIII* and course specific policies as indicated in the course syllabus and am aware of the consequences if my actions do not conform with said policies while I participate in the College sponsored course and travel. My initials beside each criterion below indicate I understand, and agree to abide by, that policy. I also realize that not conforming to MCC conduct policies at any time during the full duration of the trip is grounds for disciplinary action and up to and including suspension and expulsion, and reduced or failing course grades for students. Failure to comply with these requirements by McLennan employees may result in disciplinary action, up to and including loss of employment.

_____ I will abstain from the use of alcohol while participating in an MCC sponsored student travel trip.

_____ I will abstain from the use of any illegal drug or chemical while participating in an MCC sponsored student travel trip.

_____ I will not be involved in physical or verbal abuse, threats, intimidation, harassment, coercion and/or other conduct that threatens or endangers the health and/or safety of any person or that interferes with the privacy rights of any individual.

_____ I understand that if I ask to leave the field course for any reason or if I am sent home for disciplinary reasons I will be required to leave the remainder of the trip **and** be required to make immediate travel arrangements to physically return to Waco, Texas or other end destination within 24 hours of that decision, at my own expense.

_____ I understand that I will be solely responsible for **all** additional travel expenses incurred as a result of not completing the trip segment of the course by voluntary or due to behavior dismissal from the trip. MCC will not assume responsibility for my safety while traveling home or additional traveling expenses I incur in this situation. In addition, I will not receive any financial reimbursement for the remainder of the trip because pre-arranged travel costs were determined based on the number of participants who enrolled and paid for the trip. In the event that I do not have the funds to pay for my travel home, the College will pay for the travel and put a hold on my MCC account until the funds are completely repaid back to the College by the student. I understand that I may receive an “F” in the course if I am sent home for behavior or disciplinary reasons. For employees, Human Resources and Payroll will work with personnel should disciplinary or repayment issues arise.

Signature of Participant

Date

APPENDIX E
McLennan Community College
ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

Academic Year _____ Course Name/Number _____

I _____ acknowledge that this Accident Waiver and Release of Liability Form will be used and relied upon by McLennan Community College (MCC) and the parties herein released and by the event holders, sponsors and organizers of the activity or event in which I may participate.

_____(initial): In consideration of my being permitted to participate in this event, I hereby agree for myself, my heirs, executors, administrators, successors, and assigns as follows:

_____(initial): I WAIVE, RELEASE, AND DISCHARGE MCC, its Trustees, officers, employees, volunteers, and agents (“the Released Parties”) from any and all liability including, but not limited to, liability arising from the negligence or fault of the Released Parties, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from the event.

_____(initial): I certify that I am physically fit, have sufficiently prepared or trained for participation in the activity or event, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity or event.

_____(initial): I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the Released Parties from any and all liabilities or claims made as a result of participation in this activity or event, whether caused by the negligence of the Released Parties or otherwise.

_____(initial): I acknowledge that this activity or event may involve a test of a person's physical and/or mental limits and may carry with it the potential for death, serious injury, and property loss. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event, and lack of hydration. These risks are not only inherent to participants, but are also present for volunteers.

_____(initial): I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

_____(initial): I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity or event.

_____(initial): I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers, and assigns.

_____(initial): The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

_____(initial): I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING AND/OR VOLUNTEERING IN ALL MCC RELATED FIELD TRIPS, TRAVEL OFF CAMPUS, ORGANIZATIONAL ACTIVITIES AND/OR ALL OTHER CAMPUS RELATED EVENTS, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

Signature of Participant

PARENT/GUARDIAN WAIVER FOR MINORS (Under 18 years old)

The undersigned parent or guardian does hereby represent that he/she is, in fact, acting in such capacity, has consented to his/her child or ward's participation in the activity or event, and has agreed individually and on behalf of the child or ward, to the terms of the accident waiver and release of liability set forth above. The undersigned parent or guardian further agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon said parties as a result of death, disability, personal injury, property damage, property theft, or other injury or damage sustained by my child/ward.

Minor Participant's Name _____ Age _____

Minor's Parent/Guardian Name _____

Signature of Parent/Guardian

Date

STATE OF TEXAS
County of McLennan

This form was acknowledged before me on this _____ day of _____, _____, by
_____.

Notary Public, State of Texas