PROCEDURES FOR TEMPLE FACULTY/STAFF TAKING TEMPLE UNDERGRADUATE STUDENTS ABROAD

So that Temple University can assist in the event of an emergency or crisis abroad, all Temple University faculty and/or staff organizing or leading Temple University students abroad on activities organized, sanctioned and/or funded by Temple University are required to take the following steps before departure. Group leaders are responsible for ensuring that each group member completes the appropriate steps and for submitting any necessary forms to Education Abroad and Overseas Campuses.

Please note that official university programs/activity are prohibited in countries that are under United States Department of State travel warnings. A complete listing can be found here: http://travel.state.gov/travel/cis_pa_tw/tw/tw_1764.html

1. **Travel Registration**
   a. Register your group in the Temple University Travel Registry (TUTR) at http://tutr.temple.edu. To do so, login using your Accessnet account information and choose “Create New Group.” You will need the following to register the group. Group participants will be asked to confirm via email their registration.
      - Program Leader Name and Contact Information, both in the U.S. and abroad
      - Purpose of Travel (e.g. Study Abroad, Community service, etc.)
      - Itinerary, including destination(s) and official program dates
      - List of participants and their email addresses
      - You will also need to ensure that students know the name, address and contact information of the overseas accommodations, as each student will be required to enter this information when confirming his/her registration.

   b. If you are traveling with the group, register yourself in TUTR as well by choosing “Creating Individual Trip.” You will need the following:
      - Name, personal and contact information, and passport number
      - The name and contact information of your personal emergency contacts
      - The name and U.S. contact information of your Program Sponsor, which is the department sponsoring your travel abroad
      - The name and overseas contact information for a person overseas Temple can contact to locate or assist you in the event of an emergency, should you be unreachable
      - Your flight itinerary to and from the U.S.
      - The name, address, and contact information of your overseas accommodations

2. **Student Forms**
   All student travelers must complete the forms listed below. You should collect the forms for each student. Review health forms and disability accommodation letters for all students and discuss any concerns as they relate to going abroad. If you have any concerns about health issues students have disclosed please consult with Education Abroad.

   Finally, submit copies to Education Abroad and Overseas Campuses at least one month prior to departure. In addition, keep all student health and emergency contact information at your disposal for quick reference for the duration of the program.
   - The University Assumption of Risk and Release Form
   - Health Information Form
   - Disability Accommodation Letter (if applicable)

3. **HTH Worldwide Health Insurance**
   All students traveling internationally on Temple University organized, sanctioned or funded activities and group leaders are required to purchase HTH Worldwide Health Insurance for the duration of their time outside of the U.S. HTH is a comprehensive program of insurance benefits and services that covers 100% of medically necessary doctor’s visits and emergency care overseas, including those dealing with pre-existing conditions.
Each traveler should enroll themselves in HTH using their TUid number and credit card. Complete the following steps:

1. Navigate to [www.HTHstudents.com](http://www.HTHstudents.com).
2. Go to the column on the right that says Enroll in your school or organization’s group plan.
3. Enter our group access code **HPW-22868** and click submit.
4. Provide the participant enrollment information.
5. The cost is about $22/two weeks and it will be automatically calculated when you enter your trip dates.

Please see [https://tutr.temple.edu/lhth.aspx](https://tutr.temple.edu/lhth.aspx) for more information about HTH and to download the Description of Benefits for the full policy of benefits & exclusions. Group leaders should collect a copy of each traveler’s receipt verifying enrollment and submit to Education Abroad and Overseas Campuses.

   Group leaders should provide students with any worldwide cautions in effect by the State Department, as well as the Country-Specific information sheet for the program destination(s), especially noting:
   
   a. Passport/visa requirements
   b. Necessary immunizations
   c. Safety and security information, including local laws
   d. Location and contact information for U.S. embassies and consulates

5. **International SOS** [https://www.internationalsos.com/Members_Home/login/clientaccess.cfm?custno=11BSGC000017](https://www.internationalsos.com/Members_Home/login/clientaccess.cfm?custno=11BSGC000017)
   All faculty, staff, and full-time students traveling abroad for research, study abroad, or University-approved programs are covered by International SOS, a 24-hour travel assistance program. ISOS membership is provided by Temple University and is administered by ISOS. This medical and security assistance program provides emergency response, as well as online services and travel information.

   Group leaders can obtain International SOS member cards from Risk Management to provide to each program participant. Travelers may also sign up for email alerts specific to their travel destination(s) on SOS’s website.

6. **Pre-Departure Checklist**

   **For Group**
   
   - Register group in TUTR
   - Verify each individual traveler completed registration
   - Collect from each participant and submit to Education Abroad and Overseas Campuses:
     - Health form
     - Risk and release form
     - Disability accommodation letter (if applicable)
     - HTH enrollment receipt
   - Provide to each participant:
     - HTH Worldwide benefits and information (available on TUTR website)
     - State Department Country-specific information sheet(s)
     - State Department Worldwide Caution
     - International SOS information and member ID card

   **For Group Leader (if traveling with the group)**
   
   - Register in TUTR
   - Enroll in HTH

**Contact**

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TEMPLE UNIVERSITY
OF THE COMMONWEALTH SYSTEM OF HIGHER EDUCATION
STUDY ABROAD PROGRAM

ASSUMPTION OF RISK AND RELEASE FORM

Please return this form, completed and signed to: Temple University, Education Abroad Programs, 200 Tuttleman Learning Center, 1809 N. 13th St., Philadelphia, PA 19122.

Name of Applicant_________________________________________Age________Birthdate_________________

If applicant is under 18 years of age, a parent or legal guardian must also read and sign this form.

Permanent Address_____________________________________________________________________________

_______________________________________________________________________________________________Telephone___________________________

International Destination, Program Name (if applicable), and Dates_________________________________

I. Personal and Academic Conduct

I expressly acknowledge the right of Temple University to require the immediate withdrawal at any time of my participation in programs abroad approved by Temple University (“the Program”) if I fail to meet the University’s standard of scholarship and character and/or my actions or general behavior, in the sole discretion of the University, are determined to interfere with or disrupt the conduct of classes or any other activity of the program. I understand that I am subject to Temple University’s Student Conduct Code (http://policies.temple.edu/getdoc.asp?policy_no=03.70.12) while on a study abroad program.

II. Notification of Withdrawal

I agree to notify Temple University in writing should I choose to withdraw from the Program. My eligibility for refunds will be governed by the Fee Payment and Refund Policies (posted on pre-departure web site).

III. University’s Right to Change Program

I understand that although the University will attempt to maintain the Program as described in its publications and brochures, it reserves the right to change or cancel the Program, including the itinerary, travel arrangements, or accommodations, at any time and for any reason, with or without notice, and that neither the University, nor its trustees, employees, agents, subsidiaries or affiliates, shall be responsible or liable for any expenses or losses that I may sustain because of these changes.

IV. Acknowledgment

I understand and acknowledge that despite the most careful planning and supervision, serious injuries may occur during any travel and that during my travel I may sustain mortal or serious personal injuries, property damage or severe economic or other loss as a consequence of not only my own actions, inactions or negligence, but the actions, inactions or negligence of others. I am aware of the possible dangers and difficulties of travel including, but not limited to, those dangers and difficulties caused by inclement weather conditions, conditions of equipment used, sanitation, political unrest, crime, and differences in international laws. Furthermore, I am aware of the possible risks in receiving medical care and/or the lack of medical resources in a foreign country and that there may be other risks not known to me or not reasonably foreseeable at this time. I understand that I will receive from the Program information about the country and/or region I am going to, including U.S. State Department country specific information sheets issued to date which might contain information about inherent dangers and difficulties specific to the country or region I am going to, and I will familiarize myself with this information.
V. Acceptance of Risk and Release

I agree in consideration for being permitted to participate in the Program, on behalf of myself and my family, heirs, and personal representative(s), to assume all the risks and responsibilities surrounding my application to or participation in the Program. I hereby release and indemnify Temple University, its trustees, employees, agents, subsidiaries or affiliates from and against any present or future claim, loss of liability for injury to person or property which I may suffer (including death), or for which I may be liable to any other person, which may arise as a result of my application to or participation in the Program (including periods in transit to or from any country where the Program is being conducted and any field trips that occur in the Program).

VI. Health and Accident Insurance

I specifically agree and understand that Temple University does not provide any form of health, accident or liability insurance in connection with the study abroad program. I understand that I am required to have health insurance and that all such insurance is my sole responsibility. No costs for such insurance premiums will be reimbursed by Temple University. I recognize that the University is not obligated to satisfy any of my medical or medication needs, and I assume all risk and responsibility for such medical care. If I require medical treatment or hospital care in a foreign country or in the United States during the Program, Temple University, its trustees, employees, agents, subsidiaries or affiliates, will not be responsible for the cost or quality of such treatment or care.

VII. Other Legal Issues

I have carefully read this Assumption of Risk and Release Form before signing it. No representations, statements, or inducements, oral or written, apart from the foregoing written statement, have been made. This agreement represents my complete understanding with the University concerning the University’s responsibility and liability for my participation in the Program, supersedes any previous or contemporaneous understandings I may have had with the University on this subject, whether written or oral, and cannot be changed or amended in any way without my and the University’s written concurrence.

I understand and agree that Temple University and the Program may share academic and student conduct related information regarding the Program among themselves and with my home school.

I represent that my agreement to the provisions herein is wholly voluntary and further understand that, prior to signing this Assumption of Risk and Release Form, I may consult with the advisor, counselor, or attorney of my choice.

I agree that, should any provision or aspect of this agreement be found to be unenforceable, that all the remaining provisions of the agreement will remain in full force and effect.

I agree that, should there be any dispute concerning my participation in the Program that would require the adjudication of a court of law such adjudication will occur in the courts of, and will be determined by the laws of, the Commonwealth of Pennsylvania, without regard to its choice of law doctrine.

Name of Applicant

Signature of Applicant __________________________ Date __________

If you are under 18 years of age a parent or legal guardian must understand and sign the section below:

I (A) am the parent or legal guardian of the above Applicant, (B) have read the foregoing Assumption of Risk and Release Form, (C) am and will be legally responsible for the obligations and acts of the Applicant as described in this form, and (D) agree, for myself and for the Applicant, to be bound by its terms.

Name of Parent/Guardian

Signature of Parent/Guardian __________________________ Date __________
Temple University
Education Abroad

HEALTH INFORMATION

This form is to be completed by the participant and returned **before departure.**

<table>
<thead>
<tr>
<th>NAME _________________________________</th>
<th>BIRTH DATE <em><strong>/</strong></em>/___</th>
<th>GENDER _____</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROGRAM_____________________________</td>
<td>SEMESTER _______________</td>
<td></td>
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The purpose of this form is to help Education Abroad be of maximum assistance to you should the need arise during your study abroad experience. Mild physical or psychological disorders can become serious under the stresses of life while studying abroad and away from regular support systems. It is important that the program is made aware of any health or medical condition, past or current, which might affect you in a foreign study context. A health or medical condition includes psychological and emotional conditions, as well as medical conditions, that require medication and/or maintenance of another sort. The information provided will remain confidential and will only be shared with the program staff, faculty, or appropriate professionals in order that appropriate support is available to you, should you require it. This information does not affect your admission into the program.

**MEDICAL HISTORY**

Yes___ No___ 1. Do you have any medical conditions (including allergies) that would be helpful for the program to be aware of? (If yes, please explain.)

Yes___ No___ 2. Have you ever been treated or are you currently being treated for any physical, psychological or emotional problems that would be helpful for the program to be aware of? (If yes, please explain.)

Yes___ No___ 3. Are you taking any medications? (If yes, please list. Give brand and generic name, if known.)

_I certify that all responses made on this Health Information form are true and accurate, and I will notify the Education Abroad Office hereafter of any relevant changes in my health that occur prior to the start of the program._

Signature of Participant ____________________________________  Date _______________