



Risk Management Guide
for Academic Field Trips

Wellesley College
Office of Risk Management & Compliance

Table of Contents

	Page
What is an Academic Field Trip?	1
Experiences that are not Academic Field Trips	1
Why is There a Distinction?	1
Are Academic Field Trips Covered by the College’s Insurance?.....	1
What Can I Do to Minimize Field Trip Risks and Liability?	1
What Do I Need to Consider in Planning a Field Trip?.....	2
Destination Site.....	2
Transportation	2
Trip Expectations	3
Emergency Planning	3
Trip Contingencies.....	4
Special Requirements for Participation	4
Compliance with College Policies	4
Certificates of Insurance	4
Records and Documentation	5
What Do I Do if Something Goes Wrong During the Field Trip?.....	5
Medical Claims	6
Property Claims	7
Vehicle Claims.....	7

Academic Field Trips

Faculty and Staff Guide to Liability, Insurance and Risk Management Issues

What Is An Academic Field Trip?

An Academic Field Trip is defined as a course-related activity that serves educational purposes and occurs outside of the classroom at a location other than on the campus at which the course is regularly taught. These trips are generally led by faculty as part of the course curriculum and required for class credit. Examples of academic field trips include, but are not limited to, travel to museums, geological areas, farms, and businesses.

Experiences That Are Not Academic Field Trips

Faculty may recommend students attend an off-campus meeting, show or conference that would be an appropriate enhancement for curriculum but that students attend voluntarily. Students attend at their own expense and Wellesley College is not responsible for travel or supervision.

Students attending off-campus activities or trips via their involvement with a College athletic team, student club or organization or other College department not for academic credit are participating in a “voluntary field trip” and not an “academic field trip.” Please see the “Wellesley College Risk Management Guide for Voluntary (Non-Academic) Field Trips” document for additional guidance.

Why Is There A Distinction?

Academic field trips are considered part of the course curriculum and conducted within the academic mission of Wellesley College. This means that Wellesley College assumes the liability for academic field trips. Non-academic, voluntary field trips have a varying amount of liability exposure to the College depending on the amount of control the College has over a given field trip.

Are Academic Field Trips Covered by the College’s Insurance?

Wellesley College purchases an insurance policy for liability coverage. Claims against the College are handled by the College’s Risk and Compliance Manager (X2302) through its insurance broker. Academic Field Trips are covered by the Wellesley College insurance program.

What Can I Do To Minimize Field Trip Risks And Liability?

It is impossible to eliminate all risks entirely. However, advanced planning can help minimize the exposures to Field Trip Leaders, students, and Wellesley College. The following information is designed to serve as a guide to assist Wellesley College faculty and staff in making a reasonable effort to ensure a safe educational experience for students participating in field trips under their guidance. (Also see Appendix for a “Checklist for Planning an Academic Field Trip.”)

What Do I Need To Consider, As The Field Trip Leader(s), In Planning A Field Trip?

1. Destination Site

The Field Trip Leader(s) should be familiar with the site and share this knowledge with participants. Lodging premises and locations should be reasonably safe or written documentation should be provided highlighting associated risks. The Field Trip Leader(s) should determine whether immunizations are required, what skills are necessary, what students should do to acquire those skills and how competency will be evaluated prior to the trip. The number of field trip leader(s) for the trip and their competency level should be based upon the number of students and range of their skill levels. Orientation for field trip participants should include procedures for a “buddy system” and information on known risks as well as local cultural, custom and legal requirements.

2. Transportation

Please Note: Trips that are outside the continental U.S. should consult with the Office of International Studies and the Office of Risk Management.

The majority of Wellesley College academic field trips are by College-owned vehicle, however, trips by chartered buses and commercial airlines also occur. Determine your transportation needs in advance to allow time to make the necessary arrangements.

- **Travel Using College-owned Vehicles**

Wellesley College Motor Pool (x3280) can assist in determining the type of vehicle(s) needed for a field trip as well as the vehicle borrowing rules and requirements. Students are not allowed to drive college-owned vehicles for field trips. All prospective drivers of college-owned vehicles must undergo a motor vehicle record (MVR) check to be authorized to drive a college-owned vehicle. To request an MVR check authorization form, please contact the Risk Manager (x2302). The completed form should be submitted to Risk Management via campus mail or in person well in advance of the travel to allow time for the MVR review and approval decision.

- **Travel Using Faculty or Staff Personal, Rental or Borrowed Vehicles**

Faculty and staff are strongly encouraged to use college-owned vehicles for all field trips rather than their own personal vehicle. If using a personal vehicle, faculty and staff should understand that their own personal auto insurance (liability and property damage) is primary. Therefore, transporting College students increases the personal liability of the faculty or staff driver. Anyone using a personal vehicle should have minimum liability limits of \$500,000 CSL (Combined Single Limit). For non-owned (including rentals, personal, or borrowed) vehicles, the College’s liability insurance will apply only as excess liability coverage. The College’s travel reimbursement program includes a provision for insurance expenses in the mileage rate calculation for personal vehicle use. In an accident, the non-owned vehicle owner must look to his or her own automobile

insurance coverage as the primary insurance. Any deductible on the automobile insurance policy will be the responsibility of the vehicle owner and not Wellesley College.

3. **Trip Expectations**

The Field Trip Leader(s) should provide the participants with an orientation prior to departure. The type of field trip will dictate the level of detail needed in the orientation, but both verbal and written communication is essential.

Orientation materials should include the following:

- trip destination and purpose - a travel itinerary - route, rest and meal stops
- lodging information - transportation information - appropriate clothing or gear
- the established rules and protocols specific to the field trip.
- any known unique hazards.
- a summary of activities and physical requirements students will encounter
- any known or unusual circumstances that would require advance preparation or equipment

4. **Emergency Planning**

The type of field trip also dictates the level of emergency planning needed. If the trip location is remote, it is strongly recommended that at least two persons on the trip have first aid skills, a first aid kit and a cell phone or appropriate means of communication in the event emergency aid is needed. Confirmation that cell phones will operate from the field trip site should be made in advance so that alternative arrangements can be made if needed. Also determine a protocol for circumstances that may necessitate the Field Trip Leader(s) leaving the group to accompany an injured or ill student.

The Field Trip Leader(s) should make sure that each field trip participant completes an Emergency Medical Information form (See Appendix). A copy of this document should be kept with the Field Trip Leader(s). This document should be destroyed after the trip is over.

Students should be reminded to carry ID and medical insurance cards. The Field Trip Leader(s) should carry emergency phone numbers to reach key contacts at Wellesley College; however, all participants should know how to contact the institution from the site, find and use the first aid kit, access a cell phone or other phone and what to do if separated from the group.

5. **Trip Contingencies**

Even with the best planning effort, things can still go wrong. Try to anticipate complications that could arise, and then develop contingency plans in advance.

Examples include:

- a student needs to leave early because of a personal emergency;
- a student violates established rules;
- weather or transportation delays or cancellations.
- Understand any contract limitations or restrictions. Will the “unused portion” of pre-paid trip expenses be refundable?

6. **Special Requirements For Participation**

If students going on the field trip have disabilities or special requirements that may need to be accommodated, then the Office of Disability Services (x2434) can assist with information and accommodation requests for students. Be sure to let all students know this is an option during trip planning.

7. **Compliance With College Policies**

Make sure all participants understand that College policies for faculty, staff and students apply to field trips regardless of the location. This includes the College’s Honor Code. Instructional activities and settings should be consistent with Wellesley College policies including, but not limited to, policies on alcohol and drug use, policies on harassment and sexual misconduct and the policy on hazing.

Trip leaders are considered responsible employees under Title IX and need to be educated on those duties. Trip leaders are mandatory reporters of all incidents of sexual discrimination (including sexual violence) and should be trained to handle complaints of sexual assault, domestic violence, dating violence and stalking. This includes being attentive to the needs and rights of both victims and alleged perpetrators. For more information, please contact the College’s Title IX Coordinator, x2214.

Trip leaders are also designated as Campus Security Authorities (CSAs) under the Clery Act, and need to receive the same training as CSAs on the home campus. For more information, please contact the Lieutenant of the Wellesley College Police Department, x3883.

8. **Certificates of Insurance**

Sometimes the field trip destination, organization, or establishment will require a Certificate of Insurance from Wellesley College prior to use of their facility or event participation. If asked to provide this document, the Office of Risk Management (X2302) can provide a Certificate of Insurance for other parties. Please complete the form found

here: <http://www.wellesley.edu/risk/facstaff/certins> in order to submit a request for a certificate of insurance.

9. **Records and Documentation**

Field Trip Leaders should consider the nature of the field trip and review documentation to ensure that language is clear and accurate when providing information to participants or preparing informed consent forms or release statements. These are written records that should be obtained in advance of the field trip and easily accessible. We recommend that the Field Trip Leader keep copies, as well as maintain a back-up record in the departmental office. See the Appendix for sample forms.

- **Trip Authorization.** Ensure documentation exists at the departmental level indicating the trip is a College authorized program and retain a list of authorized attendees. The department should also have a copy of the itinerary and contact information.
- **Informed Consent and Emergency Release Form** (See Appendix). It is recommended that Field Trip Leaders use an informed consent form, which also includes medical information and emergency release authorization, for all academic field trips. This form is designed to give the student basic information about the trip, and to warn the student of the hazards involved. It also sets a standard for behavior, letting the student know that she is responsible for herself and that failure to follow guidelines may result in dismissal from the trip. It is not a waiver, since the student does not give up any rights in signing the agreement. Students under the age of 18 are generally treated like any other student for purposes of field trips, and do not need parental signatures for informed consent forms.
- **Liability Waivers and Releases** (See Appendix). Waivers and releases are only needed if activities during the academic field trip present dangers or risks to participants that are extraordinary. Please contact the Office of Risk Management, x2302 to request a customized release waiver to meet the specific needs of your field trip.

What Do I Do If Something Goes Wrong During The Field Trip?

In the event of an emergency, Field Trip Leaders should attend to the injured and then determine what condition(s) or act(s) caused the injury or illness. The Field Trip Leader(s) should initiate any steps that are necessary to prevent similar incidents in the future.

Things to look for are:

- Specific sequence of events that led to the emergency situation.
- Conditions that may have contributed to the emergency situation.
- Statements from eyewitnesses, if available.

As soon as possible, contact your department, the Dean of Student's Office, and Campus Police to report the situation and receive assistance.

For College sponsored travel greater than 100 miles from campus, the College's Group Travel Accident Insurance and Travel Assistance Services are available to faculty, staff and students. Field Trip Leaders should become familiar with the coverage and bring brochures on the field trip. See the Appendix for more information and call the Risk Manager, X2302, with any specific questions.

Once it is possible to document the incident, the following procedures apply for reporting claims:

Medical Claims

- **Faculty and Staff Work-Related Injuries and Illnesses (Workers' Compensation)**

Faculty and staff that are part of sanctioned field trip experiences are considered to be working within the scope of their employment. If an injury occurs to an employee during the trip, employees are covered by Wellesley College's workers' compensation insurance policy as long as the accident or injury arises out of or during the course of their work activity.

Employees are responsible for notifying their supervisor of an injury or illness. The supervisor is then responsible for completing an Accident and Reporting Treatment (A.R.T.) form (see Appendix) and submitting it to the Office of Human Resources and the Office of Environmental Health and Safety within 24 hours, unless the accident resulted in a work-related fatality, hospitalization or amputation in which case it should be reported immediately.

Incidents that are not reported may cause employees to be ineligible for future benefits related to this injury or illness. Please note: an employee cannot receive reimbursement for medical expenses from both Workers' Compensation and a group medical plan.

- **Students' Accidents or Injuries while Participating in a College Activity**

The Field Trip Leader(s) should use the Field Trip Incident Report form (see Appendix) to report any accident or injury to a student that occurs during a field trip. This information is necessary in order to provide the Office of Environmental Health and Safety with documentation that will assist the College in taking appropriate steps or corrective measures to eliminate hazards that may be connected with College activities or to help determine negligence on the part of the institution if required.

Students are responsible for their own medical insurance coverage for field trips just as they are while attending classes on campus. The student's medical insurance is considered primary unless it is established that the accident or injury was caused by a negligent act on the part of Wellesley College.

Property Claims

All losses or damage to College property should be reported to the Office of Risk Management, x2302. Please be advised - the use of personal property by employees or students while participating in a field trip is at the employee or student's own risk. Wellesley College does not pay for loss, theft or damage to personal property.

Vehicle Claims

- **College Vehicles**

Report the accident immediately to Campus Police, x2121. Also report the accident to Motor Pool, x3280, as they can help to arrange for transportation in the event you need transportation back to campus. "Hit and run" and vandalism incidents are criminal incidents and should be reported within 24 hours to Campus Police or local police, if off-campus.

- **Non-Owned College Vehicle, Personal, or Borrowed Vehicle while you are Conducting College Business**

Report the accident to the Office of Risk Management, x2302.

Any additional questions???

Please feel free to contact the College's Risk Manager at x2302 for any questions related to this guide.

Appendix

1. Checklist for Planning a Wellesley College Academic Field Trip
2. Insurance Requirements for Rental Vehicles
3. Field Trip Incident Report Form – for reporting student (non-employee) injuries
4. Accident Reporting and Treatment (ART) Form – for reporting employee injuries
5. Student Informed Consent Form
6. Emergency Medical Information Form and Medical Treatment Authorization
7. Europ Assistance Brochure and Card

Checklist for Planning a Wellesley College Academic Field Trip

Planning:

- Obtain departmental approval (when appropriate) for field trip
- Make sure that information concerning field trips is included in the course description and has a well-defined academic purpose
- Establish a written contract if the collaborating entity is coordinating all or part of trip responsibilities; submit contract to Risk Management for a complimentary review prior to signing
- Ensure that both Title IX and Campus Security Authority training has been completed as part of the responsibility of being a Field Trip Leader.
- Outline consistent, reasonable and prudent policies and procedures within department for all course field trips such as:
 - Health and safety standards and policy on activities
 - Orientation for faculty, staff and students
 - Required administrative written documentation
 - Student health and accident insurance
 - Informed Consent agreement (parental signature under legal age, note risks on form, confirm when participation is voluntary)

Accommodations - Specify realities of lodging and travel prior to field trip:

- Inform all students to contact the Office of Disability Services X2434 to make any necessary arrangements
- Cancellation policies when fees are collected as a group
- Housing (family/home stay, same gender rooming preference, dorm, apartment, hotel, etc.)
- Meals (who provides food, alcohol consumption, etc.)
- Transportation (air, bus, public transportation, rental vehicle, college owned vehicle, personal vehicle)

Orientation meeting - discuss and provide written documentation:

- Academic expectations – conditions of participation
- Approved and restricted activities
- Acknowledge risks and realities of field trip site
- Behavioral expectations
- Any zero tolerance issues
- Student misconduct or threats to the safety of others
- Climate at the field trip site
- Appropriate clothing and gear
- Communication and information resources (phone, fax, e-mail, etc.)
- Emergency plans and incident reporting procedures (accidents, theft, problems with staff or other participants, illness, weather delays)
- Emergency contact information
- Cell phones/buddy systems
- Procedures for separation from group
- General safety and personal security

Orientation meeting: discuss and provide written documentation (continued):

- Health and safety guidelines including any possible health hazards
- College policies that will apply:
 - College's Honor Code
 - Alcohol and other drug use policy
 - Sexual misconduct and hazing policies
 - Disciplinary policies
- Outline any relevant expenses
- Inform participants of required pre-trip documentation
- Waivers, insurance coverage, permission forms

Clarify:

- All contracts and agreements
- Students' adult role in policy, information and procedures
- Expectations when students are acting independently of the program
- Insurance
- Medical coverage for students, faculty and staff
- Liability (institutional and personal)

Assemble paperwork you will be taking:

- Signed Emergency Medical Information Form
- Signed Informed Consent Forms
- Emergency contacts for each site
- Itinerary

Finally:

- Look forward to your trip as you are now a well prepared Field Trip Leader!

Insurance Requirements for Rental Vehicles

On occasion, it may be necessary to use commercial rental vehicles for field trip transportation. Vehicle rental agreements should be signed on behalf of the College by your own name (i.e. Wellesley College by Jane Doe).

Here is some guidance on car rental insurance:

- Insurance You Should Take:
The insurance coverage called variously "Collision", "Loss Damage", "Loss Damage Waiver", or "Damage Waiver". This type of insurance covers damage to or theft of the rental vehicle.
- Insurance You Should NOT Take:
 - Insurance offered as "Personal Accident" or "Personal Injury" insurance covers the medical bills of the driver of the rental car and any passengers. This is redundant for persons covered by a health plan.
 - Coverage variously titled "Additional Liability" or "Liability" or "Excess Liability" pays for damage to other people or their property. The College has a policy which covers this exposure.
- Optional Insurance You May Buy But the College Will Not Provide Reimbursement:
 - Another type of insurance is variously called "Personal Effects" or "Personal Belongings" insurance. This add-on provides coverage for the personal belongings of the driver or passengers in the rental car. There is no substitute for this coverage within the College; a person's belongings are their own responsibility. Your homeowner's or renter's insurance policy covers your property anywhere in the world. This coverage is subject to your personally selected deductible.

Please remember to inspect any rented vehicle before driving it and note any dents, scratches or other damage to the vehicle on the rental form. It is acceptable to take photographs of the rental vehicle before leaving the rental agency location.

Field Trip Incident Report Form

Today's Date: _____

To be filled out within 24 hours of incident

Please circle all that apply relative to this incident:

Full-Time Employee

Part-Time Employee

Casual Wage Employee

Registered Student

Student Employee

Contractor

Volunteer

Other (please describe) _____

Name _____ D.O.B. ___ / ___ / _____

Department (if applicable) _____ D.O.H. (if applicable) ___ / ___ / _____

Incident Date ___ / ___ / _____ Time: ___:___ AM or PM (circle one)

Location: Town/City _____ State: _____ Country: _____

Exact Area: _____

Witnesses:

Description of Incident:

Root Cause (be specific):

Contributing Factors (ie. weather, lack of training):

List Corrective Measures that could be taken:

Medical Treatment:

No treatment

First aid only at location, treatment (describe) _____

Medical (indicate medical care provider/clinic)

Other (describe)

Employee/Student Signature

Field Trip Leader(s) Name (please print) _____ Phone _____

Field Trip Leader(s) Signature _____ Date _____

Copies: (1) a copy for supervisor, (2) send one copy to Environmental Health & Safety

Questions?? Call x 3882

Workers Compensation Medical/Loss Time

If you are injured while at work and are planning to seek immediate medical attention or end up seeking medical attention please make sure to read all the information below.

- Please make sure that you have noted on the Accident Report Form that you are going to a Dr. to be seen for your work related injury.
 - o Also contact the Human Resources office at 781-283-2231 to notify us prior to being seen as some Dr.'s offices require pre-approval from our workers compensation company for your visit.
- If you are going to be out due to a work related injury:
 - o you need to make sure to have a note from your treating physician putting you out of work
 - o please have this note faxed to the Human Resources office at 781-283-3663
- If you are managing your own care for your work related injury:
 - o please make sure that both Meadowbrook TPA Associates and the Human Resources Office receive updates from your treating physician
 - o The treating physician may fax us at:
 - Meadowbrook – 978-681-1987
 - Human Resources – 781-283-3663
- Once your physician has cleared you to return to work:
 - o Fax the return to work information to both Meadowbrook TPA Associates and the Human Resources Office.
 - o If there are restrictions with your return to work the Human Resources Office will go over these restrictions with your department to make sure they are able to accommodate the restriction and the Human Resources Office will contact you directly to confirm your return to work date.
- If you would like to make changes or stop any of your Wellesley College benefits while you are out of work, please contact our Benefits Specialist at 781-283-2212.
- Please make sure to provide your Dr.'s offices with our workers compensation company information below. You will receive a confirmation letter from Meadowbrook when your claim has been approved which will include a claim number to provide to your Dr.'s office for billing purposes.
 - o Any bills that you receive directly should either be forwarded by you to Meadowbrook or you should contact your physician's office to have them redirect the bills to Meadowbrook.

Meadowbrook TPA Associates
10 New England Business Center
Suite 303
Andover, MA 01810
Main # - 978-691-2470
Fax # - 978-681-1987

Please sign and return this page to the Human Resources Office immediately.

- While you are out due to your work related injury you must make arrangements with the Human Resources Office to pay for the employee portion of your health and/or dental benefits, and/or supplemental Life insurance, if applicable.

- **Benefits Payment Options:**
Please check off which option you would prefer and return this form to the Human Resources office by fax, mail or drop off.
 - Please supplement my time with sick/vacation/personal time so that I am receiving full pay while I am out due to my work related injury.

 - Please supplement my time with sick/vacation/personal time to cover my health/dental benefits/supplemental Life insurance.

 - I do not wish to supplement my time and please bill me for my portion of my health/dental benefits/supplemental Life insurance.

**If you run out of time to continue to supplement we will then start to bill you for your portion of your health and/or dental benefits. If you have questions/concerns about paying for your benefits please contact our Benefits Specialist at 781-283-2212.

Important - Please Read: If the Human Resources Office does not receive this form or hear from you directly then you will go into an unpaid status and will be automatically billed for you benefits. Continuation in the benefit programs while on leave, requires you continue to make your plan contributions. Failure to pay your contributions will result in removal from the benefit plan. Removal will be effective following 60 days of non-payment.

Please feel free to call us at 781-283-2231 with any other questions or concerns.

Employee Signature

Date

Print Name

Please sign and return this page to the Human Resources Office immediately.

SUPERVISOR'S ACCIDENT INVESTIGATION REPORT

Member: _____

Address or Location No.: _____

WHEN: Date and Time of Accident: _____ Reported to: _____
Report to Supervisor or First Aid Delayed? Yes No If "Yes," Why: _____

WHO: Injured Person: _____ Occupation: _____
Dept.: _____ Length of Employment: _____ Age: _____
Full time Part time Temporary Student Date of Hire: _____

INJURY/LOSS: Nature/Extent of Injuries or Property Damage: _____

WHERE: Exact Location Where Accident Occurred: _____

WHAT: Type of Accident: _____
Was employee doing something other than required duties at time of accident?
Yes No If "Yes," what and why: _____

Description of Accident (detail what employee was doing, and what physical objects, tools, machines, structures of equipment were involved): _____

WHY: Determine Accident causes and comment fully here.

1) Immediate Causes: 1) Unsafe act(s) / unsafe condition(s) : _____

2) Basic Causes: 2) Management, people, equipment, material, environment : _____

PREVENTION: What should be done and by whom to prevent recurrence of this type of accident? _____

What action are you taking to see that this is done? _____

Follow-up requirements: _____

Date of follow-up: _____

Investigated By _____ Date: _____

Supervisor's Signature: _____ Date of this report: _____

Department Manager's Signature: _____ Date: _____

Executive's Signature: _____ Date: _____

Accident Reporting Form

Today's Date:

Employee Information	Employee Name		Incident Date											
	Job Title		Department											
	Shift	Date of Hire												
	Current Mailing Address													
	Home Phone	Cell Phone	Date of Birth											
	Employee Signature (if available):		Date:											
Incident Detail	Incident Description													
	Supervisor	Reported To												
	Witnesses													
	Location where injured													
	Medical Treatment Required: Yes <input type="checkbox"/> No <input type="checkbox"/>													
	Treating Physician/Facility													
	Address													
	Phone Number													
	Injury Description													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Body Part</th> <th style="width: 33%;">Side of Body</th> <th style="width: 34%;">Type of Injury (i.e. sprain/strain, bruise)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>			Body Part	Side of Body	Type of Injury (i.e. sprain/strain, bruise)									
Body Part	Side of Body	Type of Injury (i.e. sprain/strain, bruise)												
Will you lose any time due to this injury? Yes <input type="checkbox"/> No <input type="checkbox"/>		First day out of work:												
Notes/Comments	Please put in any additional information here:													

Wellesley College Academic Field Trips

Please Print the Following Information and Read and Sign the Following Agreement

Participant Name: _____ Date: _____
Class name/ No.: _____ Year / Semester _____ / _____

Informed Consent and Assumption of Risk

Wellesley College is a non-profit educational institution. References to Wellesley College (henceforth referred to as Wellesley) include its trustees, employees, volunteers, students, and participating organizations, agents and assigns.

I understand that ____ field trip/s are mandatory for completing the academic requirements of this class and I freely choose to participate in this class and its Field Trips to various locations as described in the class syllabus during the semester (henceforth referred to as the Trip). I understand that Trip Activities will include _____.

I understand that Wellesley is not an agent of, and has no responsibility for, any third party including without limitation any sponsor which may provide any services including food, lodging, travel, or any equipment associated with the Trip.

I agree that participating in any activity is an acceptance of some risk of injury. I agree that my safety is primarily dependent upon my taking proper care of myself. I agree to make sure that I know how to safely participate in any activities, and I agree to observe any rules and practices that may be employed to minimize the risk of injury. I agree to stop and seek assistance if I do not believe I can safely continue in any activity. I agree to limit my participation to reflect my personal fitness level. I agree to wear or use proper protection or gear as dictated by the activity. I will not wear or use or do anything that would pose a hazard to myself or others, including using or ingesting any substance which could pose a hazard to myself or others. I agree that if I do not act in accordance with this agreement I may not be permitted to continue to participate in the Trip/s.

Despite precautions, accidents and injuries can occur. I understand that travel and other activities the Program may undertake may be potentially dangerous and that I may be injured and/or lose or damage personal property, or suffer financial loss as a result of participation in the Trip. Therefore **I ASSUME ALL RISKS RELATED TO THE ACTIVITIES** including but not limited to:

- Death, injury or illness from accidents of any nature whatsoever, including but not limited to bodily injury of any nature whether severe or not which may occur as a result of participating in an activity or contact with persons or physical surroundings, including animals, insects or plants; arising from travel by air, car, bus, subway or any other means; death, injury or illness including food poisoning arising from the provision of food or beverage by restaurants or other service providers.
- Loss or injury as a result of a crime or criminal act, terrorism, war, civil unrest, riot, detention by a foreign government, arrest or other act of any government or authority.
- Theft or loss of my personal property during the Trip/s.
- Loss or injury as a result of natural disaster or other disturbances.
- Alteration including delay, extension or cancellation of the Trips due to natural disaster, civil unrest, war, terrorist attack, medical quarantine or any other disturbances or causes.

I further acknowledge that the above list is not inclusive of all possible risks associated with the Program, and that I am aware of the risks involved whether described or not. I hereby certify that I have full knowledge of the nature and extent of the risks inherent in the Trip/s and the use of facilities, equipment, or services in association with the Trip/s, and that I am voluntarily assuming all risks, whether known or unknown.

My signature below indicates that I have read, understood, and freely signed this agreement. I further certify that I am legally competent to sign this agreement. This agreement shall be construed and enforced in accordance with the laws of the Commonwealth of Massachusetts, and I consent to the jurisdiction of said state.

IMPORTANT - READ ENTIRE AGREEMENT BEFORE SIGNING

Signature: _____ Date: _____ day/month/year

Wellesley College Emergency Medical Information Form

Information on this form will be used only for medical purposes in case of an emergency on this trip. Your medical information will only be accessible to the trip leader(s) and this document will be destroyed after the trip is over.

Name of Participant: _____

Emergency Contacts

Primary Contact

Name: _____ Relationship to you: _____
Day Phone: _____ Evening Phone: _____ Cell: _____
Home Address: _____

Secondary Contact

Name: _____ Relationship to you: _____
Day Phone: _____ Evening Phone: _____ Cell: _____
Home Address: _____

Medical Insurance Information

Insurance Company: _____
Primary Care Physician: _____ Doctor's Phone: _____

Allergies

Please list any food, medication or other allergies you have: _____

Medical Conditions

Do you have any medical condition that requires special precautions or treatment? Yes No

If yes, please list (for example, diabetes, epilepsy, high blood pressure, heart disease, pulmonary disease such as emphysema or bronchitis, asthma, cancer, medication-dependent depression or anxiety):

I certify that the above information is correct to my knowledge.

SIGNATURE _____ DATE _____

MEDICAL TREATMENT AUTHORIZATION

I, the undersigned, do hereby authorize Wellesley College and its agents or representatives to consent, on my behalf, to any medical/hospital care or treatment (including locations outside the U.S.) to be rendered upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

Name Printed: _____
Signature: _____ Date: _____

Parent/Guardian's Signature (if participant is under 18 years of age) _____
Date: _____



ATTENTION

**In the event of a medical emergency
 call Europ Assistance immediately
 and reference plan code: 01AH585**

24-Hour Access

**1-800-243-6124 toll free in the USA or Canada
 1-202-659-7803 collect outside of the USA**

Call when:

- You require a referral to a hospital or doctor
- You are hospitalized
- You need to be evacuated or repatriated
- You need to guarantee payment for medical expenses
- You experience local communication problems
- Your safety is threatened by the sudden occurrence of a political or military event

When you call Europ Assistance, please be prepared with the following information:

1. Name of caller, phone no., fax no., relationship to Covered Person;
2. Covered Person's name, age, sex and policy number;
3. A description of the Covered Person's condition;
4. Name, location, and telephone number of hospital;
5. Name and telephone numbers for the treating doctor; where and when the doctor can be reached;
6. Health insurance information, worker's compensation, or automobile insurance information if the Covered Person had an accident.

"Covered Person" means the person insured under the applicable ACE policy.

By requesting assistance you agree to assign to us your rights to recover from any of your responsible insurers any expenses we incurred.

ATTENTION Medical Personnel or Police

In the event of a medical emergency, Europ Assistance will provide the services on the card below. To verify eligibility call the multi-lingual call center 24 hours a day toll free at 1-800-243-6124 if you're inside the USA or Canada; or if you're outside the USA call collect at 1-202-659-7803.

In addition to the insurance protection provided by your insurance plan, ACE USA has arranged with Europ Assistance USA to provide you with access to its travel assistance services around the world. These services include:

- **Medical Assistance** including referral to a doctor or medical specialist, medical monitoring when you are hospitalized, emergency medical evacuation to an adequate facility, medically necessary repatriation and return of mortal remains.
- **Personal Assistance** including pre-trip medical referral information and while you are on a trip: emergency medication, embassy and consular information, lost document assistance, emergency message transmission, emergency cash advance, emergency referral to a lawyer, translator or interpreter access, medical benefits verification and medical claims assistance.
- **Travel Assistance** including emergency travel arrangements, arrangements for the return of your traveling companion or dependents and vehicle return.
- **Security Assistance** including a crisis hotline and on the ground security assistance to help address safety concerns or to secure immediate assistance while traveling as well as access to a secure, web-based system for tracking global threats and health or location based risk intelligence.

This information provides you with a brief outline of the services available to you. These services are not insured benefits. Reimbursement for any service expenses is limited to the terms and conditions of the policy under which you are insured. You may be required to pay for services not covered. A third party vendor may provide services to you. Europ Assistance makes every effort to refer you to appropriate medical and other service providers. It is not responsible for the quality or results of service provided by independent providers.

In all cases, the medical provider, facility, legal counsel or other professional service provider suggested by Europ Assistance are not employees or agents of Europ Assistance and the choice of provider is yours alone. Europ Assistance assumes no liability for the services provided to you under this arrangement, nor is it liable for any negligence or other wrongful acts or omissions of any of the legal or health care professionals providing services to you. Travel assistance services are not available if your coverage under the policy is not in effect.

For medical referrals, evacuation, repatriation or other services please call:

ACE Travel Assistance Program
 1-800-243-6124 (Inside the USA)
 1-202-659-7803 (Outside the USA Call Collect)
 OPS@europassistance-usa.com

Visit www.ACETravelAssistance.com for access to global threat assessments and location based intelligence.

Register to access the site using the Group ID and Activation Code below:

Group ID: aceah
 Activation Code: security

ACE TRAVEL ASSISTANCE PROGRAM



Plan Number: 01AH585
Organization: Wellesley College
Policy Number: ADD N04947769
Assistance Provider: Europ Assistance USA

Europ Assistance provides emergency medical and travel services and pre-trip information services. Please call when:

- You require a referral to a hospital or doctor
- You are hospitalized
- You need to be evacuated or repatriated
- You need to guarantee payment for medical expenses
- You experience local communication problems
- Your safety is threatened by the sudden occurrence of a political or military event