	Field School Proposal Course	Information Checklist
Course Na	-	
Course Nu	ımber: Nı	umber of Credits:
Instructor	<u> </u>	
Faculty:		
	of Program:	
		aximum Number of Students:
Dates:		
Frequency	of Program Offering:	
Section 1	Course Delivery	
	Model (e.g. 1 week prior to departure + 3 weeks on-site)	
	Method of evaluating students	
	Course Materials	
	If associated with a partner institution:	
	Courses and instruction offered at or by partner	er institution
	Partner institution(s) contacts	i institution
	Signed Memorandum of Understanding	
	If using a third party service provider (e.g. tour company	transportation provider)
	Completed "Sole Source" form	, transportation providery
	MRU Finance Approval	
	Detailed contract between the Tour Company	and Mount Royal University on file
Section 2	Key Timelines	and Would Royal Onliversity on the.
5666.5	Program Development	
	Fee Payments	
	Program Implementation	
	Program evaluation	
Section 3	Budget	
5661161116	Student costs (program fees vs. individual costs)	
	Instructor costs	
	Instructional costs covered by academic department	
Section 4	Program Logistics	
	On-site support services	
	Assistants	
	Accommodation	
	Meals	
	Local and connecting transportation	
	Course delivery location(s)	
	Detailed itinerary	
	Dates of Travel	
	Supplementary activities – excursions, events, etc.	
Section 5	Pre-Departure Requirements	
	Participant selection criteria, pre-requisites, etc.	
	Pre- Travel Authorization	
	Completed student registration	
	Health and travel medical issues	
	Safety and security issues (DFAIT Travel Advisory)	
	Risk and Liability Documentation and Assessment	
	Pre-departure orientation and group meetings	
Section 6	Reporting	
	Final Panarts	
	Final Reports Student evaluations	
	Student evaluations	

	International Field School Progra	am Budget		
	partment and Faculty:			
Program Title Academic Co				
Academic Co	Course(s) CRN:		Number of Credits:	
	Program Dates:			
	Program Departure Date:		Program Conclusion	Date:
	Total Number of Program Days:			
	Pre-departure Orientation Date: Minimum # of Participants:		Maximum # of Partic	sinante:
	Program Application Deadline:		Maximum # OF Farin	пратів.
	Field School Professor:		Telephone:	
		Trinda	Telephone: 403-440	-5002
	International Education Coordinator:	Guillet	Divert Field	
	SUMMARY OF PROGRAM EXPENSES		Direct Field School Costs	Indirect Costs
Section 1	FIELD SCHOOL PROFESSOR TRAVEL EXPENSES (to be	dispersed an	(Payable to MRU)	of student
	participants)	р		
	Airfare (including Trip Cancelation and Interruption Insurance)			
	Accommodation			
	Airport Transfers Local Transportation			
	Immunizations			
	Meals/Per Diems			
	Travel Health and Medical Insurance			
	Contingency			
	Promotional Materials Printing/Course Materials			
	Communications (eg. Mobile Telephone)			
	Other (i.e. wire transfer fees, bank fees, etc.)			
	Total Instructor Travel E	xpenditures	\$	
	T. (10.6 5 1% 1/4)		"D" ((6)	
Section 2	Total Professor Expenditures/Minimum Number of Students STUDENT TRAVEL EXPENSES (PROGRAM FEES) (F	Payable to	#DIV/0!	
Section 2	MRU)	ayable to	Program Fee	Indirect Costs
	Professor Travel Expenses per student as per above		#DIV/0!	
	MRU Administration Fee		\$	
	Aimant Transfers		250	
	Airport Transfers Local Transportation			
	Accommodation			
	Activity Fees (Field Trips, Entrance Fees, etc)			
	Contingency			
	Other		// D D //O	
Section 3	Total Student Program Fee (Paya		#DIV/0!	
Section 3	STUDENT TUITION (Payable to MRU and not included in Progr Tuition Fees Based on Total Credits - Payable to MRU	am ree)		
	General Fees Based on Total Credits - Payable to MRU			
Section 4	ESTIMATED ADDITIONAL STUDENT COSTS (Not included in	Program		
	Fee)			
	Airfare			
	Meals Out of Country Travel Health and Medical Insurance			
	Immunizations			
	Passport and/or Visas			
	Miscellaneous expenses (phone cards, bank fees, etc)			
	Emergency funds Other			
	Other			\$
	Sub-total (Tuition + Estimated Additional St	udent Costs)		-
	TOTAL STUDENT EXPENSES (Program Fee + Tuition + Estir			#DIV/0!
Section 5	PROGRAM FEE PAYMENT SCHEDULE		Date	Amount
	1st non-refund	lable deposit 2nd Payment		
		3rd Payment		
		o.u.,	TOTAL	
	Field School Professor:		Intern	ational Education
Coordinator:	DEAN LOUIS CONTRACTOR			
Section 6	DEAN and CHAIR APPROVAL (Agreement to	The OL	and Dear-Mark 11 D	
	Field School Budget and to cover any budget discrepancies)		and Dean/Associate De et and to cover any bu	
	Chair	Name/Signa		Date:
	Dean or Associate Dean	Name/Signa		Date:
Section 7	INTERNATIONAL EDUCATION APPROVAL			
			ature: Dianne	
	Manager, International Projects	MacDonald		Date:
	AVP, Teaching and Learning	Name/Signa	ature: Jim Zimmer	Date:

- 1. For information regarding the preparation of this budget, please see the International Education International Field School and
- 2. Supporting documentation must be included with this budget submission, including a **Detailed Daily Program** Itinerary, Course Outline(s) and the MRU Off Campus Activity Safety Policy
 3. International Education will be responsible for setting up the program fees within Banner. This will be arranged through Enrollment Services and the Finance Departure. This program fee will be attached to the Course CRN number.



International Education Program Application & Registration **Field School Programs**

Family Name	First Name
MRU Student ID	Field School
IMPORTANT INFORMATION REGARDING FIELD SCH	OOL INFORMATION, PROCEDURES & POLICIES
the information, procedures and policies as described Student Manual located online at www.mtroyal.ca/fields	hool Registration and Application Package you are bound by in the Mount Royal University International Field School chools. Before submitting this package you are responsible entirety, are familiar with the contents, and that you fully id policies stated.
By signing below you confirm that you have reviewed the Manual and you fully understand and agree to the inform	Mount Royal University International Field School Student ation contained within.
Signature:	Date:
OFFICE OF INTERNATIONAL EDUCATION Please tick boxes. An application is not considered complete unt and required documentation must be submitted a minimum of six approved for international travel. Incomplete applications will NOT Application Form (attached) - with all applicable sections comple Agreement of Participation (attached) Responsibility & Liability Waiver (attached) Photocopy of Valid Passport - If you hold dual citizenship, plea	ted. Isse include copies of both passports. If you are in the process of applying sssport, once issued. In addition, please tick the appropriate box below to application:
cancellation/interruption insurance Confirmation of Out of Country Travel Health and Medical Insu MRU Photo and Media Release Form (available at www.mtroyal.c	nd return dates, airline and flight numbers) <u>and</u> proof of trip rance Form (available at <u>www.mtroyal.ca/fieldschools</u>). ca/fieldschools).
PARTICIPANTS SHOULD KEEP A COPY OF A	LL DOCUMENTS FOR THEIR PERSONAL RECORDS.

Information and Protection of Privacy
The Information that you provide on this form is collected under the authority of the Colleges Act and Freedom of Information and Protection of Privacy Act Section 32(c). The Information will be used for processing your application, Editating your registration and maintaining an academic history. As well, this Information will be used for administering, evaluating, and marketing University programs, and for statistical purposes. It will be used to administer programs and services in relation to the international Program. Your personal information is protected by Alberta's Freedom of Information and Protection of Privacy Act and can be reviewed on request. We head your information with respect and care and use it to serve you better. If you have any questions about the collection or use of this Information, contact the Manager of Information at (40) 440-4579.

International Education Program Application & Registration Field School Programs

□ Field School □ Semester of Travel						
(Please	specify the t	field school/study tour)			(i.e. Spring 2017)	
STUDENT PERSONAL INF	ORMATIO	N				
MRU Student Identification	MRU Faculty and	d Program		Year of Study (eg. 1st / 2nd)		
					, , ,	
Family Name (legal)		First Name (lega	First Name (legal)		Middle Name (legal)	
Gender	Dieth de	te (dd-mm-yyyy)	(dd-mm-vvvv) MRU E-Mail		Alternate E-Mail	
□ M □ F	Dirui da	ne (dd-mm-yyyy)	MRU E-Maii		Alternate E-Mail	
Address (Current) - Valid	Until:					
City		Province / State	& Country	Postal	Code	
Telephone: Home		Cell		Busine	ısiness	
Address (Permanent) (if diffe	erent from al	oove)				
City		Province / State	& Country	Postal	Code	
ony		Trovince, state a seaming			-	
EMERGENCY CONTACT IN	IFORMAT	ION (Two Emerge	ncy Contacts at Diff	ferent Re	esidences Required)	
Name (Primary Emergency			Relationship to S		,	
Traine (Francis			Tronument to c			
Mailing Address			1			
City	Provinc	e / State	Postal Code		Country	
Telephone: Home	Busines	ss	Cell		Email	
Name (Secondary Emerger	ncy Conts	act)	Relationship to S	tudent		
Name (Secondary Emergency Contact)			Relationship to 3	tuuciit		
Mailing Address						
City	Provinc	e / State	Postal Code		Country	
Telephone: Home	Busines	ss	Cell		Email	

MANDATORY TRAVEL HEALTH AND MEDICAL INSURANCE Mount Royal University (MRU) and the Office of International Education at MRU require that all students participating in student exchange, study abroad, field schools and work abroad programs obtain adequate and valid travel health and medical insurance for the duration of their time away. All students must confirm their coverage by completing a "Confirmation of Out of Country Travel Health and Medical Insurance" (available at www.mtroyal.ca/fieldschools) form after acceptance in to the program and prior to their departure from Canada. Guidance on selecting adequate insurance will be provided by the Office of International Education however each student is ultimately responsible to ensure that the insurance they purchase meets the minimum requirements as presented by MRU as well as any special requirements based on the student's personal needs and vledge, understand and agree to purchase adequate Travel Health and Medical Insurance. Signature: Date: MANDATORY TRIP CANCELLATION AND INTERRUPTION INSURANCE Field School participants are required to purchase adequate Trip Cancellation and Interruption Insurance to cover financial loss in the event that the field school is cancelled or in the event that the participant can no longer travel on the field school as originally planned. It is the responsibility of the participant to purchase adequate and appropriate Trip Cancelation and Interruption Insurance based on the specific field school travel plans and their individual needs and circumstances I acknowledge, understand and agree to purchase adequate Trip Cancellation and Interruption Insurance. Signature: Date: STUDENT AWARDS & INTERNATIONAL EDUCATION GRANT INFORMATION The Office of International Education offers Field School student the opportunity to apply for various grants to support their Field School experience. Details on grants available as well on directions on how to apply for available grants will be communicated to Field School Participants by the International Education Coordinator. Mount Royal University requires that all grant applicants and recipients provide a valid Social Insurance Number for grant processing. Social Insurance Number Student Awards Freedom of Information & Protection of Privacy Statement The personal information you provide on and with this application is collected under the authority of the Income Tax Act (Canada), the Post-Secondary Learning Act and the Freedom of Information and Protection of Privacy Act Section 33 (c) of the Province of Alberta. This information will be used to determine your eligibility for scholarships, bursaries, and awards and in the event you receive a scholarship, bursary or award it will be used for taxation purposes, contact, recognition and public relations purposes. Mount Royal publicizes the names and photographs of scholarship, bursary and award recipients. In applying for a scholarship, bursary and award the applicant consents to the use of the applicant's name and photograph for recognition and public relations. If you receive a scholarship, bursary, or award and do not want your name to be made public, please contact the Student Awards and Financial Aid Office. Your consideration for scholarships, bursaries and awards will not be affected by your wish to have your name remain anonymous. If you have any questions about the collection and use of this information, please contact the Student Awards and Financial Aid office MEDICAL CONDITIONS AND/OR CONCERNS Please indicate if you have any allergies, Medical Conditions/Concerns or Special Needs. ■ Medical Conditions/Concerns ☐Special Needs Please provide specific details including conditions, symptoms, provisions and treatment. Note: It is the responsibility of each participant to ensure they are able to meet the physical demands of participating in the specific field school. Any concerns should be discussed in detail with the Field School Professor

DECLARATION FOR MRU STUDENTS PARTICIPATING IN INTERNATIONAL FIELD SCHOOLS

It is the responsibility of each participant to learn as much as possible about the risks of the venture, to weigh these risks against the advantages, and to decide whether or not to participate. You must notify the Office of International Education at MRU if you no longer wish to be considered for the International Field School experience. It is your responsibility to research the necessary paperwork (visas, permits, entry clearances, etc.) which are required by the country you are entering and to apply for these well in advance of departure at the appropriate consulate or embassy. Before joining a Field School you must check with your academic department as to how the Field School course(s) will fit in to your program at MRU.

Declaration:

Student Signature:

I hereby recognize that participation in an International Field School program at MRU is contingent upon multiple factors including acceptance in to the specific program, adherence to all Field School policies, procedures and guidelines, academic suitability for the program and payment of Field School specific program fees as well as tuition and related fees to Mount Royal University assessed on the number of credits being registered in for the Field School program. Field School program fees are payable according to the payment dates outlined for each specific field school. Tuition fees are payable before departure by the deadline set by the Office of the Registrar. I acknowledge that there are also additional costs to participating in a field school and that I am prepared to meet this financial commitment. I acknowledge that all costs and any financial loss related to my participation in the Field School are my sole responsibility.

I acknowledge that it is my responsibility to ensure I have the appropriate academic background and level to successfully complete the field school course(s) and that it is my responsibility to ensure that I will be able to get credits towards my degree/program for courses taken on the Field School. Failure to do so, or failure to successfully complete the field school courses may necessitate taking additional semester(s) or courses(s) at Mount Royal (and paying the applicable tuition and fees) in order to fulfill my degree requirements. It is my responsibility to ensure the accuracy of my academic record and to inform MRU and my faculty of any discrepancies in my academic record, as well as to update my mailing address and contact information with the Office of the Registrar as required.

I recognize that participating in an International Field School requires a significant time commitment to the program including mandatory participation in group meetings, activities and orientations as well as individual meetings. These meetings may occur at anytime after acceptance in to the Field School program and I agree to making myself available to attend these meetings as scheduled.

I recognize that The Office of International Education at MRU reserves the right to compile anonymous statistics relating to biographical information, academic information, grant recipient information, and field schools of successful and unsuccessful applicants and to release these statistics for legitimate academic reporting and publicity purposes. The Office of International Education at MRU also reserves the right to contact the emergency contact(s) provided by the student in case of emergency.

By signing below I acknowledge, agree to, accept and understand this declaration and I certify that all statements made and information given on this application & registration form are true and complete.

Date:

•	•	•
FIELD SCHOOL PROFESSOR DECLARATION - To Professor Only	be completed and signed by	y the appropriate Field School
By signing off on this application I confirm that I have review International Field School offering and approve their application		
Field School Professor Name:		
Field School Professor Signature:		
Department and Faculty	Date:	



International Education Assumption of Risk, Responsibility& Liability Waiver-Field School Students

WARNING: By signing this legal document you give up certain legal rights, including the right to sue. Please read carefully.

In consideration of being permitted participate in an international field school to ______(country) by International Education, Mount Royal University in Calgary, Alberta, I agree as follows:

Assumption of Risks: I understand that participation in a MRU International Field School Program (the program) will take me away from campus for an extended period of time. During this period, as specified in the Program Information, I understand that I will be in an unfamiliar surrounding and will be exposed to risks to my person and possessions. I understand that I may suffer physical injury, sickness or death, or damage to my property as a result of my participation in the program; and that there is a possibility of violence and crime, civil unrest, homesickness and loneliness. I freely and voluntarily accept and assume all such risks, dangers and hazards. Accordingly, I understand that despite its efforts, MRU may not be able to ensure my complete safety at all times from such risks and dangers.

Assumption of Responsibility: I understand that it is my responsibility to abide by all applicable MRU and Host Institution/Organization policies and laws of the host country, and to ensure that I have adequate medical, personal health, dental and accident insurance coverage, trip cancellation and interruption insurance, as well as protection of my personal possessions. More particularly, I appreciate MRU does not carry accident or injury insurance for my benefit and also that there may be certain matters for which I could be held at fault personally if the accompanying circumstances do not relate to or arise from my education or if my activities or conduct fall short of what would be considered a reasonable standard for an individual in my position. In these cases I agree to be accountable in all respects for my own actions and not to ask MRU or its employees to accept the consequences thereof; further, I agree to be responsible for any claims made against MRU in relation to such actions. I acknowledge that I have been advised by MRU of such risks and dangers as well as the need to act in a responsible manner at all times. My signature below is given freely in order to indicate my understanding of the acceptance of these realities and in consideration for being permitted by MRU to participate in the above mentioned Program. I recognize that MRU will not supervise extracurricular activities during my participation in the Program.

Liability Waiver: I release and hold harmless MRU, its employees, students and agents from any and all liability for any loss, damage, injury or expense that I or my next of kin may suffer as a result of my participation in this Program, including, but not limited to, accidents, acts of God, war, civil unrest, sickness, transportation, scheduling, government restrictions or regulations, and any and all expenses which I may incur while participating in the Program. This waiver is effective for the period of time that I will be participating in the Program. I understand that this agreement cannot be modified or interpreted except in writing by MRU and that no oral modification or interpretation shall be valid. This agreement shall be effective and binding on my heirs, next of kin, executors, administrators and assigns, in the event of death.

I have read this document carefully and I understand and acknowledge my responsibilities and the effect of this liability waiver.

MRU Student ID Number	Family Name (legal)	First Name (legal)
Student Signature		Date
Witness Signature	Witness Name	Date



International Education Agreement of Participation Field School and Study Abroad Students

I, _______, hereby accept placement on a Mount Royal University International Field School program. I further agree with MRU as follows:

- I will pay appropriate credit-based tuition fee charges to MRU for the duration of the field school program. If I do
 not complete the field school program, program fee refunds, tuition fee refunds, grant repayments, if any, will be
 determined by, and are at the discretion of MRU.
- 2. I understand that the awarding of academic credit for work done on the field school is based on successful completion of the academic course requirements as presented by the course outline(s). Hence, I acknowledge that MRU has not represented to me or given any undertaking that students of MRU participating in any field school program will automatically obtain the credits required for a particular program/course. I further acknowledge that it is my personal responsibility to ensure the credits earned on the field school are applicable to my program/degree requirements.
- 3. I will conduct myself in strict accordance with MRU's Student Code of Conduct and also in compliance with the policies, rules, regulations and laws prescribed by the partner organizations/institution and host country to which I am assigned. Likewise, I will be subject to the academic and non-academic regulations of MRU during the period of the field school.
- 4. My placement may be terminated early if I fail to pay all related tuition and fees by indicated deadlines, fail to attend all required meetings and activities, fail to maintain minimum academic standards as defined by MRU and my host institution (if applicable), fail to maintain minimum non-academic standards as defined by MRU and the specific field school rules and expectations, or am found in violation of laws and regulations of my host organization(s) or country. Such termination may carry the same financial obligations as withdrawals. Any financial loss due to such termination will by my responsibility.
- I will inform MRU, specifically the Office of International Education, immediately if I am unable to take part in the field school after having signed this Agreement.
- I will take part in all aspects of the program, including mandatory Pre-Departure Orientation, Pre-Departure
 meetings and Preparations, Re-Entry Debriefing/Conference, Program Evaluation, Personal Report submission,
 Field School Showcase, and will assist in the promotion of the field school programs as requested by MRU,
 Office of International Education and / or my department of study.
- I consent to the disclosure of information to my parents, guardians, emergency contact person, Office of International Education staff at MRU and the host institution/organization for the duration of my participation in the program.
- I will provide MRU with my updated contact information in the host country and at home and respond to requests for information from MRU and potential field school students.
- I hereby allow the reproduction of any photographs or media of myself or taken by myself that have been or will be collected or produced either by the Office of International Education or by myself and submitted to said Office.

MRU Student Identification	Family Name (legal)	First Name (legal)
Student Signature		Date

OFFICE USE ONLY (Do not complete information below this line)

This application has been reviewed and approved for Field School participation:					
Trinda Guillet	SIGNATURE	DATE			
Coordinator, International Education					
Dianne MacDonald	SIGNATURE	DATE			
Manager, International Education					

Please submit completed application with all necessary backup documentation by the appropriate deadline to:

The Office of International Education Room EB 3021 4825 Mount Royal Gate SW
Calgary AB T3E 6K6
Ph: (403) 440-5005
Fax: (403) 440-5155
Email: international@mtroyal.ca

MOUNT ROYAL UNIVERSITY VENDOR SETUP & DIRECT DEPOSIT PAYMENTS (EFT) INFORMATION SHEET



New Vendor — Indicate whether Company Change Vendor information (attach valid documentation) EFT information - attach a void cheque or deposit slip	OR Individual "MOUNT ROYAL ONIVERSITY 1910
TO BE COMPLETED BY THE VENDOR	
Vendor Name:	
Vendor Address:	
EFT Information:	
Bank Name:	
Bank Address:	
Bank Transit #: Bank Institution #: Attach a void cheque or deposit slip.	Bank Account #:
Email Address for Remittance Advice:	
Do you accept MasterCard as a form of payment? Yes	No 🗔
· · · · · · · · · · · · · · · · · · ·	
Additional information:	
Vendor GST number (Please enter NA If not registered) Vendor WCB number (Please enter NA If not registered)	
Vendor WCB number (Please enter NA If not registered) Vendor Proof of Insurance or Walver (Please attach or enter NA If not applicable)	
Vendor Proof of Insurance or Waiver (Please attach of enter NA if not applicable) Vendor Website address:	
·	
Type of Goods and/or Services you expect to supply MRU:	
Sales contact Name:	
Email:	Phone:
Accords Secretarily and all Manager	
Accounts Receivable contact Name: Email:	
'	Phone:
The undersigned officer is an authorized representative of the Company having read, understood	and acknowledged all information provided in this vendor package. Title/Position:
Name: Email:	
Email.	Phone:
TO BE COMPLETED BY MOUNT ROYAL UNIVERSITY PERSONNEL	
Requesting Department:	Date:
Requestor:	
PRINTED NAME - Budget Manager	
I confirm that no conflict of interest exists in the purchase of goods/services fro	m this vendor.
Signature of Budget Manager	Phone:
Contracted Service Vendors must have a Request for	Contracted Service attached to this form.
SUPPLY CHAIN SERVICES USE ONLY	
PO Non PO	
The information provided by the vendor has been verified and as such is a legiti	mate supplier of goods/services to MRU.
SCS Buyer	SCS A/P
Vendor approved - to add to Vendor Flie	
Signature:	Phone:
Vendor # Assigned:	Ву:

2013No

MOUNT ROYAL UNIVERSITY VENDOR SETUP & DIRECT DEPOSIT PAYMENTS (EFT) INFORMATION SHEET

New Vendor Indicate whether Company	OR Individual " MC
Change Vendor information (attach yaild documentation)	
EFT Information - altach a void cheque or deposit slip	
TO BE COMPLETED BY THE VENDOR	
Vendor Name:	
Vendor Address:	
EFT Information:	
Bank Name:	
Benk Acdress:	
Bank Transit ♥: Senk Institution #:	Bank Account ∂:
Attach a void choque or de	
Emsi Address for Remitianca Advico:	
Do you appept MasterCard as a form of payment? You	No
Additional information:	
Vendor 3ST number (Please enter NA if not registered)	
Vendor WCB humber (Please enter NA If not registered)	
Verster Prest of Insurance or Waiver (Please attach or enter NA if not appl	cab'e)
Vendor Website address:	
Type of Cooks and/or Services you expect to supply MRU:	
7,000 00 00 00 00 00 00 00 00 00 00 00 00	
Sales cretari Namer	
Emcil:	Phone:
Acqueris Receivable contact Name	
Email:	Fhone;
The undersigned officer is an authorized representative of the Company having read.	
Name:	Title/Position:
Email:	Phone:
TO BE COMPLETED BY MOUNT ROYAL UNIVERSITY PERSONNEL	
Requesting Department:	Cale:
Requestor: PRINTED NAME - Budget Manager	
7	
I confirm that no conflict of Infores; exists in the purchase of goods/s	endous from this vendor.
Signature of Budget Manager	Phane:
	Request for Contracted Service attached to this form.
SUPPLY CHAIN SERVICES USE ONLY	
	Non ³ O
The information provided by the vender has been verified and as suc	h is a legitimate supplior of goods/services to MRU.
SCS Buver	508 A/P
Vendor approved - Idlado to Vendor File	
Signature:	Phone:
Venter# Assigned	By

701976

WIRE TRANSFER INFORMATION SHEET All information must be completed below for the wire to be sent. **Date Needed** Amount Currency: Swift Code/ Bic Code/ Institution Number Bank of Beneficiary **Bank Address Account Number** Account Holder Address on Account Who is paying for charges Dept Beneficiary **Optional Information** Notes: Please attach this form to your payment requisition if a wire transfer is the preferred method of payment. WT/02

Sept2012

Funds Advance Request All fields are mandatory

Employee Name:		_	Date Advance Needed:
Employee ID Number:			Amount: *
Phone Extension:		<u> </u>	*See policy 820-1 Section 1.5.1
Department Name:			
Pre-Travel Request Number/Team Name	»: 	_	*A copy of your Approved pre-travel authorization form must accompany this request.
Dates of Travel	From:	_ To:	
Destination:		<u> </u>	
Type of Travel:		<u> </u>	
Employee Signature:		_	
By signing I agree to the terms and conditions as our responsibility to return to the University in the event this advance as per Travel and Expense Policy 820 understand that MRFA funded professional developments.	t my travel is cancelled. I unde 0-01 by way of submitting an E	erstand that Expense R	at once I return from my trip, I must reconcile eport within 10 days of my return. I
I consent to MRU deducting the amount of any Trav from MRU where: (i) I have not submitted an Expense Report in a time (ii) The travel for which my Travel Advance funds we reimburse the excess funds within a reasonable tim (iii) My employment relationship wth MRU has expir incurring the expenses for which the Travel Advance.	ely fashion following my trave vere provided to me is cancella ne; or red or is terminated (whether	ed or costs	s less than anticipated and I do not
Travel advances are placed in our finar automatically deducted from expenses you expenses for a previous Travel Advance, the	ncial system as a liability u ı submit. If you request arı	n addition	al Travel Advance prior to submitting
Do you currently have an unreconciled tra	avel advance in the syst	tem?	
If was places state Dro Traval Authorizati		F	
If yes, please state Pre-Travel Authorizati	ion Number: 		
Approved Signing Authority:			
Approved Signing Authority:	and Title	sponsible	
Approved Signing Authority: Print Name The signing authority must be the san	and Titleme individual who is res	sponsible	
Approved Signing Authority: Print Name The signing authority must be the san	and Titleme individual who is res	sponsible	
Approved Signing Authority: Print Name The signing authority must be the san	and Titleme individual who is res	sponsible	
Approved Signing Authority: Print Name The signing authority must be the san Other Information	and Title me individual who is res expense will be charge	sponsible ed.	
Approved Signing Authority: Print Name The signing authority must be the sar Other Information Accounts Payable Use Only	and Title me individual who is res expense will be charge	sponsible	e for the budget/org of which the

FORM ONE Page 1

To be completed by the Principal Investigator/Activity Coordinator and submitted to the Department/Unit Head (Person in Authority) prior to the start of a "higher risk" off-campus activity.

NOTE: A single Safety Planning Record may be used for multiple off-campus activities in the same calendar year, or in a single offering of an academic course, provided the activities and safety provisions are similar and all participants are identified. Additional sheets should be appended as necessary to capture the changes of season, in political landscape, in health and safety of the region, etc.					
DEPARTMENT/UNIT: Physical Education & Recreation Studies	PRINCIPAL INV Joe Pavelka	ESTIGATOR/ACTIVITY CO	OORDINATOR:		
CATEGORY OF OFF-CAMPUS ACTIVITY:	OFF-CAMPUS A	ACTIVITY LEADER:			
Research Athletic Academic Other extracurricular	loe Pavelka				
NATURE OF OFF-CAMPUS ACTIVITY:					
Student group if applicable (e.g., Course # or Team Name): PHED 4511 (6 cre	edits)				
LOCATION OF OFF-CAMPUS ACTIVITY: Country: Peru					
Geographical Site: Within Peru the primary location of activity is the city of Cu	sco, then Machu	Picchu, and Manu Park			
Nearest City: Primary cities include Lima (embarkation into the country), Cusco trek) Machu Picchu (visit) and Manu Park (tour into the lowlands) (name, distance to)	o (most activity t	akes place here) Salcanta	y Trail (minor		
PLEASE ATTACH A COMPLETE TRAVEL ITINERA	ARY (LOCATIONS	, DATES)			
MODE(S) OF TRANSPORTATION (check all that apply):					
private vehicle* Other (please spec	tify)				
commercial carrier					
*Indicate the name of the driver. NOTE: Mount Royal insurance does not provi	de coverage for p	private vehicles.			
Air travel to Peru will be carried with a major airline, at this time we are still wa Airlines. In-country air-travel is with LanPeru i.e. from Lima to Cusco and retur undertaken will be pre-approved travel companies such as Bonanza Tours.	_				
DATE OF DEPARTURE:	DATE OF RETU	RN:			
June 7 2011	June 5, 2011				
CHAIN OF RESPONSIBLE LEADERSHIP: List all those who have a leadership role (including alternates); attach	Leadership Role (specify)	Trained First Aider (current)	Other Special Training		
additional sheet if necessary.					
Joe Pavelka	Trip Leader	Advanced Wilderness First Aid	See Attached CV		
Elena Carbahal (as in the previous trip in 2009) Assistant First Aid (Mexico)					
NUMBER OF PARTICIPANTS (other than the leadership team listed above): The this time.	irteen (13) but t	hat number has not been	determined at		
RISK ASSESSMENT: List identified hazards associated with activities or environment and risk-mana	gement measure	s planned or taken for el	minating or		

reducing risks to acceptable levels. Please see Off-Campus Activity Safety Operational Guidelines for examples and additional information. Append additional pages as required.

Hazard Identification	Risk Analysis	Risk-Management Plan
mazaru identilitation	RISK Allalysis	KISK-Wallagellielit Flaii

FORM ONE Page 2

1. Transportation _	Air travel to the region, within the region, and ground transportation from Cusco to Salcantay, Aguas Caliente to Cusco and Cusco to Manu Park and return	Use of reputable travel vendors and commercial transportation firms.
2. Food and Water	Contaminated food and water born disease	Students will take all appropriate vaccinations as per the Medical Travel Clinic guidelines. Students will be advised to drink bottled water while in urban areas. In more remote areas the group will carry water filtration and purification systems.
3. Hiking in the Mountains	Typical injuries as per trekking in mountainous areas while on the Salcantay Trail.	Students will possess experience in wilderness based trips. All students possess Wilderness First Aid certification. All students will be thoroughly aware of the risks involved and prepare accordingly.
4. General Sickness	Similar to item #2 as per food and water illnesses and to include altitude sickness and small animal bites and stings.	Students are informed of potential illnesses relevant to the area. Students are advised to meet with their family doctor and/or one of Calgary's Travel Clinics prior to departure to ensure each student possess all appropriate medications and information. Students are also given considerable time to acclimatize upon arrival to Cusco which is at an elevation of 3,400m.
5. Crime	Everyday activity while in Lima, Cusco, the Salcantay Trail, and Manu Park. The risk of becoming a victim is relatively low. It should be compared to what one may expect in Calgary.	Students are instructed of what to expect in daily life prior to departure within classroom sessions and as a part of the international Department's mandatory training day. All activity while in-country is designed to be carried out in groups of two (2) minimally and generally more than two. While in-country students are advised by Elena and Joe as to proper activity and behaviours.
6. Terrorism	As per Travel Advisory DFAIT for Peru. Travel is not advised for the regions of La Mar and Huanta within Ayacucho, the province of Maranon, Haucaybamba (aucayaca, Cholon) Leonico Prado, and Huamalies in San Martin, the province of Padre Abad in Ucayali, Upper Huallaga and the Ene River Valleys. These represent areas primarily bordering with Columbia in the north. The World Tourism Organization reports that the actual chance of being a target of terrorism while on trip is less than .002%	Travel to areas outlined in the DFAIT report for Peru will be avoided. Travel will be carried out in high tourism areas where numerous systemic securities are in place, such as tourist police, public cameras and increased police presence. In the case of a terrorist attack all MRU participants will be required to meet in a pre-determined area which will be the student hostel, Instructor's hostel or another appropriate venue depending on the location at the time.

TRAINING REQUIRED: (it must be assumed the focus of this question is training for participants. The question may require to be reworked) Regardless.

- 1.) Mandatory International Department training
- 2.) 3.5 days of academic training pertaining to course work
- 3.) 1.5 days of travel sensitivity and travel safety training which include Emergency Procedures for the group and individual; Group Travel and Group Living in Intense Environments; Self-care in standard and extreme environments.
- 4.) Considerable self-study pertaining to locations to be visited in Peru and its characteristics
- 5.) Prior to selection these ETOL students receive training in the form of
 - PHED 2402 Introduction to Backpacking
 - PHED 2201 Foundations of Outdoor Leadership
 - PHED Leadership and Communication in Physical Education
 - PHED 2410 Wilderness Survival Techniques

FORM ONE Page 3

- ETOL 2203 Sustainable Tourism
- Basic Spanish Language course

IDENTIFICATION OF DISABILITIES / SPECIAL NEEDS / MEDICAL NEEDS:

Do any of the off-campus activity participants have a disability or medical need that would affect their safe participation? yes no if so, please provide details of the arrangements that have been made to accommodate the special/medical needs:

It is not known at this time as the final group of thirteen (13) students have not been determined but all selected students will complete a comprehensive medical information form.

Do any of the participants have allergies (e.g., to bee stings, food, drugs)? yes no

If so, please indicate the provisions that will be made to deal with allergic reactions should they arise.

It is not known at this time as the final group of thirteen (13) students have not been determined but all selected students will complete a comprehensive medical information form.

TRAVEL IMMUNIZATION/PROPHYL Altitude sickness medication Polio		
Diphtheria Rabies Hepatitis A Rubella		
Hepatitis B Tetanus		
Japanese encephalitis Tuberculin t	esting prior to departure	
Malaria and 3 months after return		
Measles Typhoid. Not Applicable	Meningococcal Yellow Fever	

All participating students will be required, as per MRU International Department requirements, to receive all applicable immunizations. Immunizations are included as a student budget item to further ensure all proper protocols. Standard for Peru tend to be Hep A and B and Yellow Fever with options for others such as altitude sickness medication which is sometimes recommended and not recommended by individual family doctors of student participants, but given that I am not medical doctor with a travel specialization I will defer to proper authorities. My experience in this matter is that Travel Clinic protocols tend to change over time therefore it is not reasonable, or responsible to predict exactly what will be required. Students will carry out Travel Clinic and/or family doctor consultations in November of 2010 giving more than adequate time to receive all required immunizations.

It should be noted that proper protocol for this question should be as I noted above. It is not reasonable or responsible for a nonmedical certified person to indicate 8 to 9 months in advance of departure what will be required for departing participants. I would hope this question is properly changed in the future.

EMERGENCY PROCEDURES:

EMERGENCY PROCEDURES CHECKLIST (ITEMS TO CONSIDER - ALL MAY NOT APPLY)

Communications

- 1. Handout listing emergency numbers & mobile phone with group
- 2. Emergency contact number for Mount Royal Office of Security and Public Safety (403)-440-5900
- 3. Alternate address/numbers/information for off-campus emergency contacts including nearest Canadian embassy
- 4. Identify if transport also has radio/phone & number

Other Procedures

- 5. Outline process for contacting Emergency Support
- 6. Emergency rendezvous site address
- 7. Team Leader & line of authority
- 8. Identification of First Aid certified participants
- 9. Identification of translators
- 10. Identification of alternate/emergency driver(s)
- 11. Outline use of special equipment

Detailed Emergency Plan for Activity location (communication and evacuation)

FORM ONE Page 4

As previously noted students will, prior to departure carry out specific group and personal emergency procedures. Highlights of the Emergency Plan which directly relate to items 1 through 11 are as follows:

- 1.) All students will be provided with a business card size laminated card with the telephone numbers of Amuata Spanish School, Bonanza Tours (are two primary local contacts in Cusco) our student hostel (TBD at this time) and the instructor hostel (TBD at this time). Students will be encouraged to carry this card, a small photocopy of their passport and money (generally a \$50 USD bill) in a secure place on their person. In the past that place has been an inside pocket on a specialized travel belt that can be purchased from MEC for about \$10.
- 2.) In case a student is separated from the group we have instituted an MRU protocol that was actually developed by the first ETOL field school in 2003 that involves a triangulation with the separated student, MRU 24 hour security and the Instructor. This is a system that is considered to be standard practice in our field.
- 3.) Considerable attention is given to developing strong on-the-ground relationships. This is carried out through multiple visits and relationship building with local people. The two primary groups are Amuata Spanish School and Bonanza Tours although others are constantly being developed. Furthermore, the Assistant Instructor operated a hostel in Cusco for a one-year period and still holds numerous professional and social contacts in both Cusco and Lima.
- 4.) All students are required to demonstrate a telephone call back to Canada i.e. navigating international telephone protocols. This, is of course carried while in Peru and not in Canada.
- 5.) All ETOL students hold some level of first aid training while most will hold Advanced Wilderness First Aid a higher than required standard for international travel.
- 6.) All participating students are required to have one Spanish language course. All students complete a 5-day intensive Spanish language program upon arrival into Cusco. This considerably mitigates the need for essential Spanish language translators. However, the Assistant Instructor is fluent in both English and Spanish her mother tongue in Spanish. The Instructor has solid Spanish language skills. It is important to note that Spanish language skill development is a formal part of the academic curriculum.
- 7.) Our group will carry a satellite telephone on all excursions. This is done to ensure that even if the transport group does not have radio contact ability we still do.
- 8.) Team Leader and lines of authority are addressed in the pre-trip classroom session 'Group Living Skills' under the sub-heading of 'roles and responsibilities' within the context of role conflict and role ambiguity. This is a workshop that Joe Pavelka is frequently asked to deliver to international field schools from other post-secondary institutions. It is widely recognized to provide essential group functioning understanding to international field schools.
- 9.) All participants are also required to maintain a scanned copy of their passport on email such that it could be accessed at any internet cafe. Furthermore, participants carry 3 to 4 paper of their passport in different luggage areas.
- 10.) All participant medical information is carried by the Instructor during the trip in a secure manner.
- 11.) Canadian Embassy contact information is included as an attachment.
- 12.) A critical aspect of emergency procedures carried out in our field school is that regardless of the day's activity all students are required to check in at two points in the day. Early in the morning and following dinner in the evening at which time there is a formal debriefing. Important 'early indications' of trouble can be spotted at these check-ins to someone who is knowledgeable of what to look for.
- 13.) Telephone and email contact information for the Instructor and Student hostels will be provided once arrangements are finalized later in 2010 or early 2011.
- 14.) The Instructor will maintain regular contact with MRU through email. It is expected that email will be checked every day or every other day when in Cusco or Lima. The Instructor will inform the Chair of prolonged absences or radio-silence periods e.g. during the Salcantay Trek and Amazon trip. However those periods are also clearly indicated in the itinerary.

FORM ONE Page 5

University Contacts and Phone Numbers (people at Mount Royal who are
designated as emergency contacts for the field party):

1. MRC Security Office - 440-5900

. Mark Lafave (w) 440-6246 (c) 542-4751

Local Contacts and Phone Numbers (contact information for the field party):

 Amuata Spanish School Phone. (+51) 84 26 2345
 Telefax. (+51) 84 24 1422

2. Bonanza Tours (Byse)
Direccion : Calle Succin # 343
Tel: 0051 - 84 - 507871 Cel: 0051- 084 -984793843
Email : info@bonanzatourspert.com

ACKNOWLEDGEMENT and CONSENT

I, the undersigned, acknowledge that:

- (a) I am aware of the known/reasonably foreseeable risks associated with this off-campus activity and I consent to assume them;
- (b) I am aware that I have certain responsibilities as a Participant under the Off-Campus Activity Safety Policy and I consent to assume them;
- (c) I am in a satisfactory state of health to undertake the off-campus activity and I have received all of the prescribed immunizations;
- (d) I am aware that I will need supplementary health insurance and that I am responsible for obtaining required visas and travel documents for my participation in international activities;
- (e) I will comply with safety instructions from activity leaders; and
- (f) I will act in a safe and responsible manner throughout the course of the off-campus activity, taking into account instructions received and the welfare of others.

PARTICIPANTS (add additional pages as necessary to include all participants):

This is to be completed once all participants are determined.

Name (please print)	Date	Signature

FORM ONE Page 6

I certify that in my capacity as Off-Campus Activity Leader I will enso accordance with the Mount Royal Off-Campus Activity Safety Policy I affirm that I will file a Post-Activity Incident Report (Form 3) within critical or non-critical incidents have occurred during the conduct of Name & Title (Off-Campus Activity Leader)	and this Safety Plan. two weeks of the completion of the off-campus activity if any
Signature	_
Date	
I certify that this Safety Planning Record accurately describes the so hazards, and documents the plans that have been put in place to m I affirm that I will ensure that, in accord with the Mount Royal Off-C briefed and have received appropriate training prior to participating	anage the associated risks. ampus Activity Safety Policy, the participants are appropriately
Name & Title (Principal Investigator/Activity Coordinator)	
Signature	
Date	
I certify that I have reviewed and approved the above Off-Campus A	activity Safety Plan:
Name & Title [Department/Unit Head (Person in Authority)]	
Signature	Date
Name & Title [Dean/Director]	
Signature	
Date	

- Once completed, this Form is to be forwarded by the Department/Unit Head (Person in Authority) to the Office of Risk Management prior to the commencement of the activity. It will be retained by for a period established by the Mount Royal Records Management System.
- A copy is to be retained in the office of the Department/Unit Head (Person in Authority).
- In the case of a student activity involving international travel, a copy is to be forwarded by the Department/Unit Head
 (Person in Authority) to the Office of International Education at least three weeks prior to the planned departure date.

FORM ONE Page 7

Tenta	tive Itinera	ry – Peru Field School 2011
Day	Date	Activity and Budget Items
1	May 7	Travel – from Calgary to Lima
2	May 8	Travel from Lima to Cusco
3	May 9	Begin Spanish School with Home stay
4	May 10	Spanish School/Acclimatize with evening lectures
5	May 11	Spanish School/Acclimatize with evening lectures and research
6	May 12	Spanish School/Acclimatize with evening lectures
7	May 13	Spanish School/Acclimatize and to begin research
8	May 14	Transition to Hostel and begin Student Research Work
9	May 15	Research Day in Cusco
10	May 16	Trip Planning Day/Market/Packing
11	May 17	Depart for Trip – Salcantay Day 1(Fam1)
12	May 18	Salcantay Day 2 (Fam2)
13	May 19	Salcantay Day 3 (Fam3)
14	May 20	Salcantay Day 4
15	May 21	Salcantay Day 5
16	May 22	Salcantay Day 6
17	May 23	Salcantay Day 7
18	May 24	Machu Picchu Day
19	May 25	Research Day Machu Picchu
20	May 26	Travel Day to Cusco
21	May 27	Assignment Day in Cusco
22	May 28	Manu Park Tour Day 1
23	May 29	Manu Park Tour Day 2
24	May 30	Manu Park Tour Day 3
25	May 31	Manu Park Tour Day 4
26	June 1	Manu Park Tour Day 5
27	June 2	Manu Park Tour Day 6
28	June 3	Manu Park Tour Day 7
29	June 4	Wrap up Day
30	June 5	Field School is complete students are free to depart

EMERGENCY CONTACT INFO

MRC Security 011.403.440.5900

Tourist Police Office in Lima, Peru (8 AM - 6 PM)
National Institute for the Defence of Competition and the
Protection of Intellectual Property
INDECOPI operators can speak English
In Lima call 224.7777
Outside Lima call 01.224.7777 (within Peru)
Toll-free call 08.004.4040 (within Peru)

I lost my Andean Immigration Card (receive upon entry to Peru & required when departing) Go to: DIGEMIN in Lima Prol: DIGEMIN at Lima T 417-6900

Hours: M-F 8:00am - NOON

Embassy of Canada in Lima, Peru Calle Bolognesi 228, Miraflores, Lima 18, Peru T. 51 (1) 319.3200 E. <u>lima@international.gc.ca</u> W. http://www.peru.gc.ca

Embassy After hours Emergency Contact Consular Operations Centre in Ottawa Toll-free 011.800.387.3124 Collect 613.996.8885

Bonanza Tours (Ryse) Dirección: Calle Suecia # 343 T (+51 84) 507871 & (+51 084) 984 611 069 Email: info@bonanzatoursperu.com

English Speaking Medical Clinics CUZCO

Appendix 8 - Off Campus Policy DRAFT

MOUNT ROYAL UNIVERSITY Off Campus Activity Safety Policy Safety Planning Record

Amauta Spanish School Centro Cultural Amauta Calle Suecia 480 Cusco, Peru T. 00.51.84.262.345 Emergency T. 00.51.84.984.117433 Skype: amauta.spanish.school Website: www.amautaspanish.com FORM ONE Page 8

Clinica Paredes Lechugal 405, Cuzco Av. T 011.51.84.225265

Clinica Pardo De la Cultura 710, Cuzco T 011.511.24.0387





FORM 3 - STUDY ABROAD

WAIVER AND RELEASE

Confirmation of Out of Country Travel Health and Medical Insurance

For Outbound Students

NOTE BY SIGNING THIS DOCUMENT YOU ARE GIVING UP CERTAIN RIGHTS, INCLUDING THE RIGHT TO SUE. PLEASE READ THIS DOCUMENT CAREFULLY AND ENSURE THAT YOU UNDERSTAND IT.

It is mandatory for students to have adequate out-of-country health and medical insurance coverage for the entire period they are abroad to ensure you get the best possible health care and to protect yourself from major financial problems.

Provincial health plans cover only a set fee rate for emergency health services outside Canada. Many health services in other countries cost much more than Canadian provincial health plans pay and you will be liable for any difference in cost. Provincial health plans also require you to purchase supplementary health coverage when travelling. Remember though that Canadian supplementary insurance plans will not cover you unless you are also covered by a provincial government health plan.

If you will be away for more than 6 months, you must notify your provincial health plan. Failing to do so may mean you will not be covered while you are away and for up to 3 months after you return.

Students can purchase travel health insurance from any insurance provider as long as the plan covers the following items:

100% of Hospital, physician/surgeon and x-ray/lab charges

100% of Ambulance charges including air evacuation to home

100% of Prescription Drug Charges, to a maximum of 30 days coverage

100% of Emergency and Accidental Dental Injury Charges

Repatriation of deceased charges of at least \$10,000

If you already have coverage through another plan (for example: spouse or parents), double check that it covers all of the required items, as well as caters to your special needs. If not, you will need to supplement your existing plan with additional coverage.

Insurance providers to consider:

- Guard.Me Insurance (Use Access Code: 2893)
- Travel Cuts Bon Voyage Travel Insurance Plan A



Appendix 9 - Confirmation - Out of Country Travel Health & Medical Insurance

Many students are required to get health insurance through their host institution as part of their study abroad program. While this may mean overlap in your coverage, the host insurance usually only covers while you have formally started the program, not for any travel to or from the host country. This means you will still need coverage from the time you leave Canada, until the time you return.

By signing this form, I hereby confirm:

- Mount Royal University has advised me that the above-noted coverage is mandatory and that I am solely responsible
 for obtaining the necessary minimum coverage and also for determining if, due to my individual circumstances, I require
 or prefer additional coverages
- Mount Royal University does not carry insurance for me
- I have obtained the above-noted mandatory coverage
- Mount Royal University has not provided any advice to me regarding additional coverage that I may require due to my
 individual circumstances. Mount Royal University has recommended that I consult an insurance provider and discuss my
 individual circumstances to ensure that I obtain additional coverage that may be appropriate for my individual
 circumstances.

WAIVER AND RELEASE

In consideration for being allowed to participate in this study abroad, I release from liability and waive my right to sue Mount Royal University, its employees, officers, volunteers and agents (collectively "MRU") from any and all claims resulting in any physical injury, illness (including death) or economic loss I may suffer or which may result from my participation in this study abroad, from travel to and from the study abroad (including air travel), or from any events incidental to this study abroad.

I am voluntarily participating in this study abroad. I understand that there are risks associated with my participation in this study abroad, such as physical pain, psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability, death or economic loss. These injuries or outcomes may arise from:

- my own or others' actions, inactions, or negligence
- the condition of the host institution location(s) or facility(ies), or
- while travelling to or from the host institution.

Nonetheless, I assume all risks of my participation in this study abroad, whether known or unknown to me, including travel to and from the study abroad (including air travel) or any events incidental to this study abroad.

I agree to hold MRU harmless from any and all claims, liabilities, costs, losses or damages to me or to my personal property, including legal fees, as a result of my participation in this study abroad, travel to and from the study abroad (including air travel) or any events incidental to this study abroad. If MRU incurs any of these types of expenses, I agree to reimburse MRU.

If I need medical treatment as a result of my participation in this study abroad, as the result of travel to and from the study abroad (including air travel), or as the result of any events incidental to this study abroad, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware that MRU does not provide any health insurance for me and that I should carry my own health insurance.

I have read this document, and I am signing it freely. I understand the legal consequences of signing this document, including (a) releasing MRU from liability, (b) waiving my right to sue MRU, (c) and assuming all risks of participating in this study abroad, including travel to and from the study abroad (including air travel) or any events incidental to this study abroad.

Student Signature	Witness Signature
Print Name:	Print Name:



Appendix 9 - Confirmation - Out of Country Travel Health & Medical Insurance

General Tips:

- Ensure you have adequate insurance (medical, travel, baggage, theft, airline cancellation, etc.) and what the limitations are. You need to be covered from the day you leave Calgary to the day you return to Calgary.
- Ideally, you also want to find a plan that pays the provider (the hospital, etc.) directly instead of having you pay
 up front and then get reimbursed later, however many plans do not work this way. Know how your insurance
 works!
- MRU has identified two insurance providers that include comprehensive health and medical coverage, however, the coverage amounts vary for each plan. You need to choose a plan that satisfies your coverage needs.
 - Guard.Me Insurance
 - Travel Cuts Bon Voyage Travel Insurance

IMPORTANT QUESTIONS TO ASK WHEN SELECTING A PLAN:

What kind of coverage is provided?

- · What is the maximum amount of coverage that is provided?
- Are there deductibles? If so, what are they? These may be quoted in dollars (i.e. \$100 per claim or \$200 per term of policy) or as a percentage of the total bill (plans with 100% coverage are more expensive but may save you a lot in case of accident or illness).
- What about congenital or pre-existing conditions such as asthma or diabetes?
- · Does the plan cover visits to the doctor or medication prescribed while abroad?
- Is dental coverage provided? What about emergency dental care?
- · Does the plan include hospitalization coverage for accidents and illnesses while abroad?
- Will the plan include emergency room expenses?
- · Is ambulance or emergency transport to a hospital covered?
- What is the coverage for medical evacuation? (costs may exceed \$50,000)
- . In the event of death, what is the coverage for repatriation? (In some cases, costs may exceed \$12,000)
- What are the exclusions of the policy? (Make sure all regions and countries of travel you may go are covered)
 Are certain activities excluded from coverage (i.e. scuba diving or a sports injury)?
- · Does the policy cover lost luggage, stolen property, or travel cancellations?

When am I covered and for how long?

- · What is the process for enrolling in the plan?
- When does the plan begin and end?
- Does the plan enable you to have continuous coverage before, during, and after you go abroad (i.e. from Calgary to Calgary round-trip?
- Can you renew the plan? If so, how is this done and what is the maximum length of coverage? Can you
 extend your coverage from abroad if you decide to stay longer?
- Does the plan assume it's the primary or secondary carrier? If it's the secondary carrier, when does coverage begin?
- · Is there a booklet explaining coverage in detail?
- What are the exclusions (i.e. 'high risk activities' e.g. sky-diving, being under the influence of alcohol or drugs, etc.)

What happens if/when I need to use my insurance?

- Is there a 24-hour emergency contact number in English (with translation services for health care providers in the host country who do not speak English)?
- . If you obtain medical assistance while you're abroad, when and how should you inform the agency?



Appendix 9 - Confirmation - Out of Country Travel Health & Medical Insurance

- What do you do under the plan if you have to pay cash up front and have no money? (It's better to get a plan
 that provides direct payment for bills abroad by the company so that you don't need to pay first and wait for
 reimbursement)
- What are the procedures for filing a claim, and how long does it take to get reimbursed after filing a claim?
- · If you find it necessary to use your insurance, what do you show as proof of worldwide coverage?
- What documentation of expenses is required? Does the bill need to be in English and the amount of the charges in Canadian dollars?

You may also want to ask these questions:

- What kinds of health services are available? Are English speaking doctors readily available?
- . Is national health insurance required? If so, what items are covered? Which are not?
- What diseases are prevalent? How are they transmitted? Which immunizations are required to enter the country? Which are suggested?
- Understand your policy, know how the system works, and know how bills are paid. Carry details of your
 insurance with you. Tell a friend or relative at home, in addition to a travelling companion, about how to
 contact your insurer.
- Know what the exclusions are ('high risk' activities, accidents while "under the influence", etc.)
- If you do receive medical attention overseas, get a detailed invoice from the doctor or hospital. Carry a few blank insurance claim forms with you in case you should need them.
- Always submit original receipts for any medical services or prescriptions you received while travelling. Most insurance companies will not accept copies or faxes.





Department of Sociology & Anthropology & Office of International Education ANTH 2121-Field Studies in Anthropology Sri Lanka Bio-Cultural Anthropology Field School

Field School Participant's Agreement

I	understand and agree to the following statements:
ı	am 100% committed to participate and bear the costs associated with the field school as described in the field

I will complete all components of the International trip including the mandatory pre-departure orientation, pre-departure and post-field school classes at MRU and observe assessment deadlines.

I will engage with course materials and be open to all associated field experiences.

school brochure, including additional expenses as described by the instructor/coordinator

I accept the authority of the designated instructor throughout my participation in this field school.

I understand and accept the itinerary as described. I understand that the instructor and organizers reserve the right to adjust and modify plans if and when the necessity arises.

I will be punctual and observe start and end times of activities, early morning excursions etc. as described by the instructor. I will manage my time and accept changes and challenges in stride.

I will take all necessary precautions and preventative measures to ensure my personal safety (e.g. be aware of surroundings, protect money and valuables from theft wear sunscreen/a cap, mosquito repellent etc.).

I understand that in the field context, I am expected to follow a low-maintenance personal routine that is simple, efficient and timesaving.

I understand that accommodation abroad is of differing standards, and my not be comparable to Canadian housing. I agree that I must adjust my expectations accordingly. I will accept the living arrangements made for by the field school organizers and abide by the regulations of those lodgings. I agree to pay for any damages for which I am responsible.

I commit to maintaining positive relations with my group members. This field school involves an extended period of time where I will function as a group member and I accept the lack of free time when participating within such a group setting.

I understand and accept the limits to personal freedom as described by the instructor/s and coordinators for this field school. I understand that these rules and norms are in place to ensure my safety and wellbeing (e.g. clothing requirements, alcohol consumption, smoking, walking alone etc.)

I understand that my behavior reflects on MRU, Canada and their established partner relations. I am prepared to assume the "ambassadorial" role and represent MRU and Canada honorably and respectfully during each step of the field school process.



Department of Sociology & Anthropology & Office of International Education

I consider myself to be emotionally mature and aware of what is considered proper behavior and conduct. Therefore, I do not need specific rules for every situation, but will follow good judgment and abide by MRU policies and the laws and cultural norms of Sri Lanka.

If I fail to follow the regulations of the class and/or behave in a manner in any way that the instructor deems to:

- significantly lower the quality of the field school experience for others
- endanger oneself or anyone else
- damage relations between the group, the local people, or the host institution/s
- be culturally insensitive

Instructor, Sri Lanka Field School

- damage the reputation of MRU

then, the instructor, in consultation with the MRU International Education Office and the Chair of the Department of Sociology and Anthropology, has the authority to terminate, at any time, my field school participation. Return travel and any other expenses due to such program termination are my responsibility.

Prior to departure, I will access and read literature made available by the instructor/ coordinator/International Education website. I will take the initiative to prepare myself emotionally and practically for the field school experience.

I understand and accept the risks to personal safety that is inherent in international travel and field studies. I will carefully adhere to measures and policies set in the MRU Off-Campus Safety Policy forms that I sign prior to departure.

I will always stay with the group/smaller units and "check-in" regularly with the group/unit/instructor as appropriate. I will closely follow communication protocols and emergency protocols.

I will take my academic assignments seriously. I recognize that I am required to attend all course activities.

I will accept and complete the workload for the field school, including the required preparation, ongoing tasks, activities and assignments as described in the ANTH 2121 course outline and documents on the class Blackboard site.

I have carefully read the statements above and fully understand them. My signature below acknowledges the significance of these statements. I agree to abide by them.

Participant's Name

Participant's Signature

Date

Coordinator, International Education

Date

Date

The participant must sign in the presence of the International Education Coordinator and/or Instructor.