

PACIFIC DUGONI HENRY SCHEIN CARES GLOBAL ORAL HEALTH OUTREACH PROGRAM

CONDITIONS FOR ENROLLMENT:

University of the Pacific policy requires that the student/participant in all Pacific-sponsored programs conducted abroad sign the following responsibility clause. The completion and return of this form is a requirement for participation in all Pacific-sponsored programs abroad. Please return the signed document to Eve Cuny in 4C03 or email to [ecuny@pacific.edu](mailto:ecuny@pacific.edu).

I. RELEASE

The undersigned, \_\_\_\_\_, in consideration of, and as a condition to, the acceptance of said student as a participant in the Pacific Dugoni Oral Health Outreach entitled: \_\_\_\_\_, does hereby release and discharge University of the Pacific, its Board of Regents, its office of International Programs and Services, its agents, affiliates, officers, and employees from all claims, demands or damages which may arise from loss or injury of any nature to the person, or property of the undersigned as a result of participation, while en route, located in another country, or returning from another country or countries in said program and agrees to indemnify and hold harmless said University of the Pacific, its Board of Regents, its office of International Programs and Services, its agents, affiliates, officers, and employees from any and all loss, damage or expense incurred as a result of said participation.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

II. MEDICAL INSURANCE

It is important to realize that all US insurance coverage is NOT recognized overseas. The student will normally have to pay for medical service, and fill out a claim form to be returned to the home company for reimbursement. It is imperative for students to know the limits of their coverage and to carry at least one claim form to be signed by the appropriate medical persons abroad to facilitate reimbursement.

The undersigned certifies that I have or will purchase prior to departure, health and hospitalization insurance which is applicable in countries other than the United States.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### III. PERSONAL LIABILITY INSURANCE

Students desiring to obtain personal liability coverage may do so locally, or avail themselves of coverage that they may have with their Homeowners Policy.

### IV. SAFETY, RESPONSIBILITIES, AND MENTAL HEALTH

**Safety** -- Students should inform themselves completely about the risks of travel abroad. Although we have orientation programs and procedures to deal with emergencies and crisis situations, students are asked to recognize and acknowledge the risks of any experience outside their own culture and to adjust their behavior, dress, and activities to maximize their own and their group's safety. Many locations do not have the physical comforts we enjoy in the United States. If you have any health concerns that could be affected by extreme temperatures, exposure to the elements or physical fatigue, please discuss these with your health care professional before undertaking the journey.

**Behavioral Responsibilities** – The undersigned is aware of the expected behavioral responsibility while participating in this program. As a guest in another country, there are certain behaviors that are considered unacceptable. The undersigned hereby assures the University that s/he shall conduct her/himself in an appropriate manner, which does not infringe upon the customs and mores of the country in which the program is being conducted, nor upon the rights and safety of the undersigned and or other participants of the program. Behavioral responsibilities shall be applicable during the course of the program both when in the company of other program participants and when the undersigned is physically separated from other program participants. The program administrator retains the sole discretion to remove anyone from the overseas program.

**Financial Responsibilities**—The University will not reimburse any student, faculty member or other participant for travel expenses related to the oral health outreach program. Each individual is responsible for all expenses related to the activity, including travel, accommodations, food, medical care and any other expense arising from participation in the oral health outreach.

**Mental Health** – For your own welfare, we ask that if you have had any emotional or psychological problems, you consult with a mental health professional in this country before you go abroad to discuss the potential stress of travel abroad. We want you to be aware that mental health treatment may not be as widely accessible abroad as it is in the United States.

I, \_\_\_\_\_, acknowledge that I have carefully read and understand the above statements.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## STUDENT INFORMATION SHEET

(Please be sure to completely fill out form)

Date: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Passport: Country of Issue: \_\_\_\_\_

Passport number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Local Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Local Phone#: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Emergency Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_ Alternative number: \_\_\_\_\_