Policies & Procedures
For International Travel Emergencies:
Manual for Team Leaders

International Programs
William A. Stevenson III; Director
wstevenson@jbu.edu
479-524-7108
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Emergency Contact List
(to be used in this order)

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*Director of International Programs—Active Crisis Manager*  
Office (479) 524-7119  
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cpollard@jbu.edu
Contingency Plan

We hope and pray that any contingency plan will not need to be used. However, we are not immune to crises that can affect individuals or the group as a whole. Therefore, a clear contingency plan must be in place and approved prior to the team’s departure.

This contingency plan must be formulated and clear to all those participating in the program. Those in the chain of command must be aware that they are responsible for the team once the leader is unavailable. They must be informed of their duties and what to do in the event of a crisis. This includes a list of who to contact in the emergency and what to do within the program itself. Also, all other team members must be informed of the chain of command and be informed of who will be the leaders in the event of a crisis.

Things to Consider in a Contingency Plan

Basic Procedures

1. Get immediate situation under control;
2. Contact local sponsor and/or authorities for immediate advice;
3. Make sure this document, student info forms and local emergency contact info are in your immediate possession; and
4. Contact Mr. William A. Stevenson or subsequent name on the emergency contact list.

<table>
<thead>
<tr>
<th>Responsibilities of JBU Administration</th>
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<tr>
<td>Contact Family</td>
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<td>Notify the need-to-know group</td>
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Chain of Command

If something happens to the leader, making it impossible to continue leading the team, there must be a clear chain of command set up. The chain of command should be formulated in a similar pattern as shown below:

Leader
Co-Leader
Another Individual
(and so on)
Other Details

A. Crises may be either group-oriented or individual-oriented. Be prepared to respond to those crises that affect the whole group (for example, rioting that may require a group evacuation) and those that affect one or a few individuals within the group (for example, a sexual assault or a family emergency back home).

B. Consider the levels of crises and what “trigger points” would indicate moving from one level to another. Also plan on what actions are required at each level. For example, rumors of a riot in your area maybe a trigger point to move to the first crisis level and require your group to check in with you before leaving a designated area.

C. Make a detailed list of contact information to keep with you at all times. JBU contacts are provided above. Beyond that, consider embassies, local authorities, mission agencies and friends that may reside in the area.

D. Remember to keep personal information confidential—on a “need to know” basis.

Travel Quotes

“I have wandered all my life, and I have also traveled; the difference between the two being this, that we wander for distraction but we travel for fulfillment.”  
_—Hilaire Belloc_

“The journey, not the arrival, matters.”  
_—T.S. Eliot_

“We live in a wonderful world that is full of beauty, charm, and adventure. There is no end to the adventures we can have if only we seek them without eyes open.”  
_—Jawaharial Nehru_

“Just to travel is rather boring, but to travel with a purpose is educational and exciting.”  
_—Sargent Shriver_
Health Planning

It is important to put health care on your travel checklist if you plan to travel outside the United States. Anyone can get sick while studying abroad; it happens at home all the time. Planning ahead will help you alleviate worry.

Travel Checklist

1. **Immunizations**: Attached to this health care packet is a list of required immunizations. Many of the immunizations are available through the Student Health Service.

2. **Insurance**: All John Brown University students participating in travel abroad programs must show evidence of medical insurance coverage on site, but you will need to assess your personal medical needs and determine if you are adequately covered. The International Programs Office has information for supplemental medical insurance for your consideration.

3. **Special Needs**: People traveling to rural, underdeveloped areas need to be aware of their own personal health risks such as susceptibility to infection or medications that should be avoided. Identify potential additional health risks unique to the area in which the program operates. Check with your health care provider if you have special health needs.

4. **Health Problems**: If you have a medical problem such as diabetes, bring along a health record that includes your health care provider’s name and address and a summary of your medical history. Also bring an adequate supply of medications and a list of the medications’ generic names in case you need a prescription filled. It is strongly recommended that you inform the International Programs Office and your onsite program director of any existing health problems. In an emergency situation it is crucial that this information is available.

5. **Emergency Care**: If you are not sufficiently fluent in the local or trade language, know how to locate English-speaking physicians in the countries you plan to visit. The International Association for Medical Assistance (IAMAT, 738 Center Street, Lewiston, NY 14092, Phone 716-754-4883) has information about English speaking physicians around the world, as well as information about health precautions you may need to take. Contact your sponsor before departure from the United States and determine whom they advise you to visit locally for medical needs.
Travel Checklist (cont.)

6. *Medical/dental examinations*: Before leaving the U.S. have a complete physical examination with your personal health care provider. Inform your health care provider of your travel plans before your appointment so that your provider can give you current health information and medication recommendations for your destination. Dental care abroad is not recommended. Have your teeth cleaned, examined, and if necessary, repaired before your departure. If you wear eyeglasses take along an extra pair. If you wear contact lenses you should take a pair of eyeglasses along in the event that you lose or damage a contact or if your eyes are irritated by dust, pollution, etc.

7. *Medical Kit*: Pack a First Aid kit containing bandages, disinfectant, and a digital thermometer, as well as nonprescription items such as aspirin, ibuprofen and/or acetaminophen, Pepto-Bismol, sun screen, insect repellant, sterile cleaning pads or moist towelettes for cleaning wounds, and water purification tablets.
Leader’s Travel Abroad Checklist

Travel abroad leaders should also develop checklists of issues and concerns that are regularly assessed before each overseas departure. This assessment should include the following areas:

Leader’s Checklist

Safety

1. Have you recently consulted the appropriate sources of information concerning the current political climate, travel advice, personal safety, pickpocket, and assault and rape occurrences in the country of destination?
2. If there are political risks, and you have chosen to go forward with the trip, have you disclosed those risks to trip participants?
3. Have you required participants to sign releases or assumption of risk agreements regarding these risks?

Health

1. Have you consulted the appropriate sources of information concerning the health risks in the country of destination?
2. Have you disclosed these risks to trip participants?
3. Have you required participants to sign releases or assumption of risk agreements regarding these risks?
4. Have you taken all reasonable and lawful steps to assure that those who plan to go on your international studies trip have had the opportunity to disclose all special medical needs that they may have?
5. If special medications, medical treatments, or accommodations for disabilities will be required, have you taken all reasonable steps to assure that those special requirements will be available or in place in the country of destination?
6. If you have concerns about providing for special needs, have you taken appropriate steps to preclude or discourage participation by those whose needs cannot be met, or at least to secure their written acknowledgement that these needs cannot be met, but that they nonetheless wish to participate?

Contingency Plan

1. Have you developed a contingency plan in the event of a crisis?
2. At minimum, does everyone who will be involved with your program know whom to contact in the event of an emergency, and do those contact persons know what to do if they receive such information?
3. If your program depends on cooperation with a foreign entity or institution, do the key persons associated with that foreign entity or institution know with whom they should communicate in the event of a crisis or emergency?
Leader’s Travel Abroad Checklist

Leader’s Checklist (cont.)

Insurance

1. Have you confirmed that all participants in your program have adequate insurance?
2. Have you taken any steps to “look behind” assurances from your program participants that their coverage is adequate, such as requiring that copies of their policies be furnished for review by your risk managers or counsel?
3. Are you certain that all participants have adequate coverage in all areas where coverage may be needed? Make sure that, even if coverage is in place, it will offer the protection you seek. Everything is not always as it seems, and not all policies offer overseas coverage.

Legal Liability

1. Have you conferred with your general counsel's office or legal counsel concerning the legal aspects of your trip, including the applicability of various domestic laws to your activities in the country of destination?
2. Have you asked your counsel to review or draft all documents that program participants will sign that waive or release you from liability and/or forms that purport to require those participants to assume risks as a prerequisite to going overseas?

Program Termination

1. Have you clearly informed all students who will be participating in the program that the institution reserves the right to terminate their participation at any time if, in the opinion of the leadership, students are not benefiting from the program, or are interfering with the ability of others to benefit?
2. Have you clearly informed all students that circumstances may arise which would make it necessary to suspend or terminate the program and bring everyone back to the United States?
3. Do you have a policy that provides how refunds will be handled in the event of the suspension or termination of your program?
4. Has that policy been adequately communicated to program participants in your catalogue, program agreements, or other program documentation?

Travel Arrangements

1. Have you taken all reasonable steps to assure that all travel arrangements have been made and that those arrangements are as safe as can be reasonably expected in the country of destination?
2. Have you clearly informed all program participants that, even though certain travel arrangements have been made and disclosed to them, circumstances could arise that would make changes to those arrangements unavoidable?
Leader’s Travel Abroad Checklist

Leader’s Checklist (cont.)

Culture

1. If the drinking laws or mores in your country of destination are different from those in the United States, have you clearly made your expectations about the students’ behavior known, and the consequences for violating those expectations? (Students are expected to adhere to The Covenant during JBU-sponsored overseas study programs.)
2. Recognize potential areas of misunderstanding such as: public display of affection, dress code, anti-American sentiment, proper and improper gestures, and other social expressions.

Independent Travel

1. What is your policy regarding independent travel while your students are overseas, and have you communicated that policy?
2. If you will not seek to impose restrictions on independent travel during free time, have you disclosed all known risks that such independent travel may entail?
3. Have you identified high-crime areas, areas of political instability, areas of particularly dangerous natural conditions or roadways, and other risks that independently traveling students would do well to avoid?

Academic Considerations

1. Are you comfortable with the academic benefits derived from the program are clearly described in your program materials?
2. Have participating students been informed of what curriculum will be offered overseas, and what academic credits they stand to earn?

Disciplinary Assessment

1. Have you taken reasonable steps to assure that those who have problematic disciplinary or personal records not be allowed to participate in the program?

Travel Quotes

“Twenty years from now you will be more disappointed by the things you didn’t do than by the ones you did do. So throw off the bowlines, sail away from the safe harbor. Catch the trade winds in your sails. Explore. Dream. Discover.”  
Mark Twain

“A traveler without observation is a bird without wings.”  
Moslih Eddin Saadi
Safety Tips for Students

Safety for Women

1. Tourist areas are magnets for criminals. Avoid looking like a tourist laden with jewelry, bags, cameras, and other valuable equipment.
2. Pickpockets often work in pairs using distraction as their basic ploy. Be aware of jostling in crowded areas.
3. If you carry a handbag, keep it close to your body. Do not carry valuables in your handbag.

Safety Starts with Your Demeanor

1. Always know exactly where you are going and act accordingly.
2. Dress conservatively, giving consideration to local customs and dress codes.
3. Maintain a calm, mature approach to all situations.
4. Be alert to the possibility of confrontation with individuals or groups.

Safety When Traveling

1. Look confident. Dress sensibly, with valuables out of sight.
2. Use hard-sided, lockable luggage and label so that your name and address are not easily seen.
3. Carry a list of emergency names, addresses, and phone numbers.
4. Carry a photocopy of your passport and keep the copy in a separate, safe place.
5. Carry a personal alarm and phone card or local coins. Stay near other people; hold your handbag in front of you; do not carry your wallet in your back pocket.

When on Foot:

1. Always walk with at least three or four companions—never alone.
2. Be aware of your surroundings. Consult a local street map before setting out and take it with you.
3. Seek reliable advice on areas considered safe for walking.
4. Avoid walking too close to shrubbery, dark doorways, and other places of concealment.
5. Use routes through well-lit city centers.
6. Maintain a low profile; avoid disputes and commotion in the streets.
7. Never hitchhike or accept a ride from a stranger.
8. If a driver pulls alongside you to ask for directions, do not approach the vehicle. Be cautious when asked to “look at a map.”
9. Carry a small amount of cash in your wallet, enough to appease a mugger. Divide the rest of your money between 3 or 4 pockets.
10. If someone suspicious is behind or ahead of you, cross the street. If necessary, cross back and forth several times. If still being followed, use whatever means necessary to draw attention to yourself. Remember, it is better to suffer embarrassment from being overcautious than to be the victim of an attack.
Safety Tips for Students

Safety for Women

1. Adopt a low profile. Dress and behave conservatively. Do not display jewelry, cash, keys, or other valuables.
2. Follow your instincts. If you feel uncomfortable about a location or person, leave immediately.
3. Do not hesitate to call attention to yourself if you are in danger: scream, shout, run.
4. Find out about local customs, how you are expected to dress and behave and potential threats and areas to avoid.
5. Rehearse actions you would take in the case of a confrontation.

Developing Situational Awareness

An awareness of your surroundings, neighbors, and potential threats is the first step in reducing your vulnerability. These tips will help you in developing a continuous and conscious awareness of the area you are visiting. Avoid being predictable in your daily routine.

Know the Region’s History

A. The identity and ethnicity of opposing groups;
B. Religious dynamics and traditions;
C. Attitude towards foreigners;
D. Political situation;
E. Identity and strength of authority (particularly military);
F. Geographical characteristics

Know the Region’s Culture

A. Politeness – What are the basic rules of politeness and decency?
B. Greetings – How and when should you say “hello”?
C. Respect – Who should be shown respect and how?
D. Body language – What gestures are rude? Is eye/body contact acceptable?
E. Physical contact – What is expected- shaking and holding hands, kissing, embracing?
F. Space – What is personal or public space?
G. Appearance – What is the appropriate dress code?
Safety Tips for Students

Know the Region’s Culture (cont.)

H. Gender – What are the attitudes about gender? What are ways of showing respect?
I. Age – Are elders respected? Are there different ways of greeting young and old?
J. Time – How punctual are you to be? What does “now” mean?
K. Decision-making – Are decisions made by individuals, by group, or seemingly no one?
L. Emotions – Are emotional expressions acceptable?
M. Social Practices – Is waiting in line the norm? How should you call for attention?

Surviving Attacks, Clashes, & Abductions

General Guidelines:

1. Do not try to intimidate or be aggressive. Instead, maintain a polite, open, and confident demeanor.
2. Keep your hands visible.
3. Move slowly with precise gestures.
4. Respond to requests, but do not offer more than what is requested.
5. Keep your emotions in check.

Robbery & Armed Assault (when directly threatened by an armed person):

1. Never take physical risks for property or money.
2. Remain calm and maintain personal composure.
3. Do not be aggressive. Do not try to escape.
4. Do what you are told within reason.

Shootings & Crossfire:

*If you hear gunfire when on foot:*
1. Take immediate cover on the ground.
2. Determine the direction of the firing. Are you and/or your companions a target of the firing?
3. If possible, improve your protection by crawling into a ditch/hole, behind a wall, or inside a building.
4. Leave the scene only after the firing has ceased.

*If you hear gunfire while in a building:*
5. Keep clear of windows and doors.
6. Take shelter in the best-protected areas such as the bathroom, basement, etc.
Safety Tips for Students

Bombings
If you are caught in the midst of a shelling:
1. Take immediate cover on the ground. Lie flat, face down with your eyes closed.
2. Protect your eardrums by covering your ears with your hands and keeping your mouth open slightly to balance the pressure from the blasts.
3. If possible, improve your protection from fragmentation of the shells by taking cover in a ditch/hole or the ground floor of a building with solid concrete walls.
4. Never take shelter under a vehicle.
5. Leave the area only after the shelling has ceased.

Civil Disturbances & Natural Disasters
If you hear sirens, explosions, or gunfire:
1. Stay where you are if at all possible
2. Make your office or home look “closed” and/or “quiet.” If there is potential for a riot, stay at home. Statistically this is the safest place to stay in the event of civil disturbances.
3. Immediately take cover under a heavy object such as a table or stand in an interior doorway. Keep curtains closed and stay away from windows or open areas. Use good judgment in determining when it is safe again to move.

Kidnapping and Hostage Situations
Basic Rules for Survival
1. Be cautious of heroics. This may lead to death at the hands of a nervous or an inexperienced member of the kidnapping group.
2. Remain calm, composed, and cooperative.
3. Focus on pleasant scenes. Recall favorite Psalms, other Bible passages, or prayers. You might try to recollect the plots of books or movies. Mental activity is extremely important.
4. Establish a routine, and institute a healthy exercise regimen. Avoid excessive exercise that would lead your captors to believe that you are training for a “breakout.”
5. Build rapport by drawing attention to your own and others’ human needs like hunger and thirst.
6. Be reluctant to give up your identification or clothes. Loss of such personal belongings is demoralizing. Hostage takers can use them for bargaining. Try not to accept an exchange of clothes with hostage takers. This could put you in greater danger in case of an attempted rescue.
7. Be conscious of your body language as well as your speech. Do not say or do anything to arouse the hostility or suspicion of your captors.
8. Encourage your captors to let authorities know of your whereabouts and condition.

If several people are kidnapped together, consider appointing one person to speak on behalf of the group with the captors.
Forms

Appendix of Forms

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Overseas Program

Individual Application

Please attach a recent photograph in the space at right.

Upon completing this application form, please return with a $75 non-refundable administrative fee payable to John Brown University.

Please note on your payment “Administrative Fee” and return to:

William Stevenson
Director of International Programs
JBU
2000 W. University Street
Siloam Springs, Arkansas, 72761

Personal Information
please type or print

ID#                           Full Legal Name:                           Preferred Name:

(last) (first) (middle)

SS#                           Age                           Date of Birth                           Gender                           Place of Birth

Gender: M / F

Place of Birth

MM/DD/YYYY

Country of Citizenship

Passport?: Y / N

Expiration Date:

Classification: FR / SO / JU / SE

MM/DD/YYYY

Present Address

Permanent Address/Parents’ Address

(street)

(street)

(city, state, zip code)

(city, state, zip code)

Cell Phone #:  Home Phone #:  Parent Work #:

Email Address                            Parent Email Address:
Personal Information (cont.)

please type or print

Major: _____________________________ Minor: _____________________________

Marital Status: Single Married Widowed Divorced

How and when did you first consider this overseas experience?

What extra-curricular activities or ministries are you involved in?

What Church are you Currently attending? ____________________________________________

Denomination: ____________________________ Length of Attendance: ________________

Pastor: ____________________________ Phone: ____________________________

What Church is your Home Church? ____________________________________________

Denomination: ____________________________ Length of Attendance: ________________

Pastor: ____________________________ Phone: ____________________________

Personal Essay

please answer the following questions on an attached sheet

1. Write your personal testimony—describe your salvation experience.
2. Describe why you would like to be involved in this overseas experience. Explain your spiritual and educational goals and how they may relate to your desire to participate. What experiences have you had that would prepare you for this experience?
3. Have you been under medical or psychiatric care in the past year? If yes, please explain.
4. Do you have history of alcohol or substance abuse, anorexia, or bulimia? If yes, please explain.

Personal References

Please provide two letters of reference. One reference should be from a pastor, and the other from a supervisor, residence director, or faculty member. You may use the provided forms, or you may simply ask for personal written letters of reference.

Mr. William A. Stevenson, III
Director of International Programs
John Brown University
479. 524. 7119
wstevenson@jbu.edu
Health Information & Personal Authorization

Information on this form is for use by the International Programs as deemed applicable for your safety and well-being. The contents are confidential; however, group leaders have access to this information at any time.

Name ____________________________

Personal History: Have you ever had any of the following? (please circle any that apply.)

<table>
<thead>
<tr>
<th>Anemia</th>
<th>Emotional Disabilities</th>
<th>Hypoglycemia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anorexia/Bulimia</td>
<td>Epilepsy</td>
<td>Kidney Stones</td>
</tr>
<tr>
<td>Arthritis</td>
<td>Headaches/Migraines</td>
<td>Malaria</td>
</tr>
<tr>
<td>Asthma</td>
<td>Hearing Loss</td>
<td>Rheumatic Fever</td>
</tr>
<tr>
<td>Bleeding Disorder</td>
<td>Heart Murmur/Problem</td>
<td>Thyroid Disease</td>
</tr>
<tr>
<td>Convulsions/Seizures</td>
<td>Hepatitis</td>
<td>Tuberculosis</td>
</tr>
<tr>
<td>Diabetes</td>
<td>HIV Positive</td>
<td>Visual Problems</td>
</tr>
</tbody>
</table>

If you circled anything above, please comment:
____________________________________________________________________________________
____________________________________________________________________________________

Do you have any medical disability?  Y / N If yes, please explain:
____________________________________________________________________________________

Are you currently under a physician’s care?  Y / N If yes, please explain:
____________________________________________________________________________________

What is your blood type? __________ Date of most recent Diphtheria Tetanus Shot: ____________

MM/DD/YYYY

Have you ever had surgery?  Y / N If yes, what type:
____________________________________________________________________________________

Please list any allergies to medication, food, plants, insect bites, or other items:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

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Health Information (cont.)

Please take all medication in its original prescription bottle as well as a one-month, written prescription signed by your doctor. Also take current prescription for glasses or contact lenses. Your Diphtheria Tetanus shot must have been given within the past five years. Otherwise, booster shot is necessary.

Are any of your prescriptions controlled substances? Y / N
Is so, which?

Do you use syringes for self-medication or blood glucose testing? Y / N

Do you have any currently existing health conditions that might need medical attention or monitoring such as special diets, medication levels, etc.? Y / N

Personal Information & Authorization

Information on this page may be copied and released to University and Program staff and area medical facilities as needed in the event of a health or safety emergency.

Name:

Gender Phone #

M / F

(last) (first) (middle)

SS# Age Date of Birth Permanent Address

_________________________ MM/DD/YYYY ____________________________

(city, state, zip)

Family Doctor Phone: Emergency Notification:

Emergency Contact #1

Name Home Phone

Relationship Work Phone

Emergency Contact #1

Name Home Phone

Relationship Work Phone
Mandatory Insurance Coverage Information

Insurance Company

Policy Number

Address

Phone Number

(city, state, zip)

Authorization & Permission for Treatment

Consent is hereby given for treatment by licensed medical personnel, including necessary emergency procedures such as non-elective surgery and hospitalization. If I am incapacitated or otherwise unable to give release for medical treatment, consent is hereby given to a university representative to authorize needed care on my behalf.

No guarantee has been made to me as to the results to be obtained by treatment given.

It is understood that the university representative will contact the designated, authorized person(s) in the case of an emergency or serious illness.

I understand that I will be responsible for charges incurred due to illness, injury, or accident (whether authorized by me or by the university’s representative on my behalf).

Signature of Participant

Date

Signature of Parent if Participant is Under 18 Years of Age

Date

Mr. William A. Stevenson, Ill
Director of International Programs
John Brown University
479.524.7119
wstevenson@jbu.edu
Applicant Reference Form

I, the undersigned, waive my right to review this reference form:

Signature of Participant  Date

__________________________ has applied to participate in an overseas program.

(name of applicant)

Your name has been submitted as a reference. Your comments will be considered and appreciated during the selection process. If you feel you are not qualified to answer any particular question, please leave it blank.

1. How long have you known the applicant? ________________________________
   Describe your relationship:

2. Please rate this person in each of these areas by cycling one number on a scale of one to five (five indicating the highest level of trait exhibition).

   Low      High       Low      High
   Discipline / Reliability  1  2  3  4  5       Interpersonal Relationships  1  2  3  4  5
   Self-motivation            1  2  3  4  5       Sense of Responsibility     1  2  3  4  5
   Personal Witness           1  2  3  4  5

3. Do you have any reason to question the applicant’s lifestyle?  Y / N
   Explain:

4. How would you recommend the applicant for an overseas experience?
   □ Strongly Recommend       □ Recommend       □ Not Recommended

5. Please feel free to add any further comments that may help in the acceptance.

Signature  Date

__________________________
Title or Relationship to Applicant:

Please Return to:
Mr. William A. Stevenson, III
Director of International Programs
John Brown University
479.524.7119
wstevenson@jbu.edu

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Waiver & Release of Liability

**DISCLAIMER:** John Brown University is not responsible for any injury (or loss of property) to any person suffered while participating in the John Brown University Overseas Program, or in any other way involved with the Program for any reason whatsoever. This release includes any ordinary negligence on the part of John Brown University, its agents, or its employees.

I, in consideration of my participation, I hereby release and covenant not-to-sue John Brown University, its Board of Trustees, employees, instructors, or agents, from any and all present and future claims resulting from ordinary negligence on the part of John Brown University or others listed for property damage, personal injury, or wrongful death, arising as a result of my participating in overseas programs or any activities incidental thereto, wherever, whenever, or however the same may occur. I hereby voluntarily waive any and all claims resulting from ordinary negligence, both present and future, that may be made by me, my family, estate, heirs, or assigns.

Further, I am aware that overseas travel involves certain risks, including, but not limited to, death, personal injury, and property damage resulting from travel accidents, sickness, the uncontrollable nature of the encounters with other persons that may occur, and situations in the country(s) being visited, such as civil unrest, epidemics, and unstable governments. In addition, I understand that participation in overseas travel may involve sites that may be remote from available medical assistance. I agree that the program sponsors cannot guarantee my total safety since some risks are beyond their control. I agree to follow all instructions and guidelines given by them, and to act in a safe and responsible manner toward all participants and the others with whom I come in contact. I am voluntarily participating in this activity with knowledge of the danger involved and hereby agree to accept any and all inherent risks of property damage, personal injury, or death.

I further agree to indemnify and hold harmless John Brown University and others listed for any and all claims arising as a result of my participation in this overseas program or any activities incidental thereto, wherever, whenever, or however the same may occur.

I understand that this waiver is intended to be as broad and inclusive as permitted by the laws of the state of Arkansas and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceedings shall be in the state of Arkansas.

I affirm that I am of legal age and am freely signing this agreement. I have read this form and fully understand that by signing this form, I am giving up legal rights and/or remedies that may be available to me for the ordinary negligence of John Brown University or any of the parties listed above.

Signature of Participant __________________________ __________________________

Signature of Parent if Participant is Under 18 Years of Age __________________________ __________________________

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