

Voluntary Separation from College-Approved, International Group Travel



CENTER FOR
INTERNATIONAL EDUCATION
HILLSBOROUGH COMMUNITY COLLEGE

Students voluntarily separating from International Group Travel must complete this form and secure approvals.

Hillsborough Community College (HCC) students participating in College-Approved, International Group Travel are expected to travel to and from destination countries on group flights and/or using other modes of travel as arranged by the College. If a student traveler insists on voluntarily separating from Group Travel arrangements, the student traveler must complete this form and secure the required signatures (see below) in advance of making separate (non-group) travel plans.

Provide details below on your plans to deviate from the College-Approved, International Group Travel.

- | | | |
|--|-------|-------|
| | YES | NO |
| 1. Do you intend to travel <u>prior</u> to joining College-Approved, Group Travel? | _____ | _____ |

If "yes," please provide dates and locations for your pre-program travel.

Dates: _____

Location(s): _____

Note: I acknowledge that any failure on my part to join the group on the date, time and place designated by the Faculty Lead will result in my termination from College-Approved, International Group Travel.

Specifically, I agree and understand that I will forfeit all rights to join the group, will not qualify for any refund of funds paid, and will not earn academic credit associated with the group program.

Traveler's Initials

Date

YES NO

- | | | |
|---|-------|-------|
| 2. Do you intend to travel <u>after</u> the College-Approved, Group Travel concludes? | _____ | _____ |
|---|-------|-------|

If "yes," please provide dates and locations for your post-program travel.

Dates: _____

Location(s): _____

3. I am fully aware and accept the risks and hazards connected with deviating from College-Approved, International Group Travel. I hereby acknowledge that I am voluntarily separating from Group Travel.

Traveler's Initials

Date

4. I accept personal and financial responsibility for my own travel arrangements, insurance coverage, and health & safety. I accept financial responsibility for any cost increases to the Group Travel for other participants resulting from my voluntary separation.

Traveler's Initials

Date

5. I acknowledge that the College strongly recommends that I research health & safety issues and take precautionary measures. Specifically, I accept the College's guidance to register with the Embassy of the United States in destination nation(s) and research health & safety and international travel advisories, including country and region specific information provided on the websites of the following organizations:

- a) The Center for Disease Control and Prevention website: <https://wwwnc.cdc.gov/travel/>
- b) The World Health Organization: <https://www.who.int/countries/en/>
- c) The Department of State Travel Website: <https://travel.state.gov/content/travel.html>

Traveler's Initials

Date

I hereby RELEASE and DISCHARGE the District Board of Trustees of Hillsborough Community College and the State of Florida and their respective trustees, employees, agents, and assignees (collectively "RELEASEES") from any and all liability arising out of any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, or both, including but not limited to any claims, demands, actions, causes of action, judgements, damages, expenses and costs, including attorneys' fees, which arise out of, results from, occur during or are connected in any manner with my travel or activities prior to joining or following my departure from the College-Approved, International Group Travel. I further WAIVE any right I might otherwise have and COVENANT NOT TO SUE said RELEASEES in connection with any such liability. I execute this release for full, adequate, and complete consideration fully intending to be bound by the same and intending to bind my heirs, successors, assigns, personal representative, and estate

Acknowledged and agreed:

Student Printed Name

Student ID

Student Signature

Date

Group Travel Faculty Lead

Date

Center for International Education

Date

**Please return completed and signed form to:
Center for International Education
4001 W. Tampa Bay Blvd. DSSC322 Tampa, FL 33614**

05/2019