

Alcohol and Drug Abuse Policy for the ILAC Program

The ILAC Program is a health care program. It is a cultural immersion program. It is a faith-based, personal transformation program. Its goals are consistent with the Jesuit and Catholic mission of Creighton to form women and men for and with others who grow in competence, conscience and compassion through this encounter with people in a different culture. One of the means for achieving this growth, which is part of our Ignatian tradition, is to reflect upon the experience as it is happening, asking what God is offering us in the challenges we are facing. The context for this growth and reflection happens when our participants are stretched to leave behind some of the assumptions and practices of their own culture, in order to experience the disequilibrium of entering into another culture. It is through this process of meeting people in their own world, and reflecting on what encounter means for our lives, that makes the ILAC Program so transformational. Each year, the participants say they receive far more than they give.

Alcohol abuse is a public health issue in the Dominican Republic. The people we serve look up to us and, at times, want to emulate our life style. It is our desire to refrain from abusing alcohol while there to serve them. It is also our desire to experience some of the self-sacrifice of leaving behind some of our cultural patterns, in order to grow more deeply in this experience. The use of alcohol may be too ingrained in American culture to ask American participants to leave it behind entirely for five weeks. However, the use of alcohol at the ILAC Mission or in the campos will not be allowed. The abuse of alcohol at any time during the program will not be tolerated.

1. This policy bans the use of alcohol or drugs outlawed in the U.S. at the ILAC Mission or in the campos during the entire time of the ILAC Program.
2. Intoxication at the ILAC Mission or in the campos will not be tolerated. It will be regarded as an abuse of the privilege of our mission in the ILAC Program.
3. This policy will be enforced strictly:
 - a. Students or professionals found in violation of the policy will be asked to leave the program immediately.
 - b. A student's cooperation with this sanction will be part of the report made to the student's dean.
 - c. A professional's cooperation with this sanction will determine whether the professional will be allowed to continue with the program in the future.

I am convinced that this policy will allow the participants of the ILAC Program to clearly understand the expectations of the program and thrive in offering the best we can offer, and experience the best the Dominican people can offer us.

Andy Alexander, S.J. – Vice-president for University Ministry – October 20, 2008

Date

Signature

By checking this box I understand that I am signing a legal document. By typing my name above, I am performing the same task as though I were signing on paper and hold legal responsibility for signing this document.

ASSUMPTION OF RISK & RELEASE WAIVER

Complete the information below. Read and understand the content on this form.

NAME:		NETID OR SCHOOL ID#:	
WORKPLACE:		PHONE NUMBER:	
DATES ABROAD:		ILAC PROGRAM:	

SECTION A: ASSUMPTION OF RISK AND RELEASE

Read the following sections and understand before signing. Initial in the appropriate column next to each section, print the form and sign in Section B.

Participant Initials	I HEREBY AGREE AS FOLLOWS:
	<p>Risks of Travel Abroad. I understand that participation in the ILAC program specified above involves risk not found in study/work at Creighton University ("Creighton"). These include risks involved in traveling to and within, and returning from, one or more foreign countries; foreign political, legal, social, and economic conditions; different standards of design, safety and maintenance of buildings, public places and conveyances; local medical and weather conditions. I have made my own investigation and am willing to accept these risks.</p>
	<p>Sites Under Travel Warning. I understand that Creighton reserves the right to cancel an ILAC program in the event that the U.S. State Department issues a travel warning for the country/countries in which the program is going to be held. I understand that it is my responsibility to stay informed about the travel warnings concerning the country/countries to which I will be traveling.</p>
	<p>Institutional Arrangements. I understand that Creighton reserves the right to make changes to the Program itinerary or schedule at any time and for any reason, with or without notice, and that Creighton will not be liable for any loss I may incur because of such cancellation or change. Creighton is not responsible for penalties assessed by air carriers that may result from operational and/or itinerary changes, regardless of whether the Program participants or Creighton made the flight arrangements. Any additional expenses resulting from such changes will be my personal expense. Creighton reserves the right to substitute hotels or accommodations or housing of a similar category at any time. Specific room and housing assignments are within the sole discretion of Creighton. I understand that Creighton does not represent or act as an agent for, and cannot control the acts or omissions of, any host institution, host family, transportation carrier, hotel, tour organizer or other provider of goods or services involved in the Program.</p> <p>I understand that Creighton is not responsible for matters that are beyond its control. I hereby release Creighton from any injury, loss, damage, accident, delay or expense arising out of any such matters. Creighton reserves the right, in its sole discretion, to cancel the ILAC Program or an individual's participation in an ILAC Program, or any aspect of the ILAC Program prior to departure and/or require that all participants return to the United States.</p>
	<p>Independent Activity. I understand that Creighton is not responsible for any injury or loss I may suffer when I am traveling independently or am otherwise separated or absent from any program or Creighton-sponsored activities.</p>
	<p>Travel Documentation. I understand that it is my responsibility to obtain a passport and any other required travel documents, such as a visa, whether I am a U.S. citizen or not. I shall hold Creighton harmless in the event that I cannot or choose not to obtain the necessary documents for traveling abroad. I acknowledge that the inability or failure to obtain these visas and other documents does not constitute grounds for a return of any amounts I have fundraised on behalf of ILAC.</p>

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Participant Initials	I HEREBY AGREE AS FOLLOWS:
	<p>Health and Safety. I have consulted with a medical doctor with regard to my personal medical needs. There are no health-related reasons or problems that preclude or restrict my participation in this Program.</p> <p>I am aware of all applicable personal medical needs. I have either arranged, through international travel insurance administered by Creighton, to meet any and all needs for payment of medical costs while I participate in the Program; have obtained a policy of international travel insurance not administered by Creighton; or have consciously declined to obtain international travel insurance. I recognize that Creighton is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility therefor. If I require medical treatment or hospital care, in a foreign country or in the United States during the Program, Creighton is not responsible for the costs or quality of such treatment or care. Creighton may (but is not obligated to) take any actions it considers to be warranted under the circumstances regarding my health and safety. I agree to pay all expenses relating thereto and release Creighton from any liability for any actions.</p>
	<p>Standards for Conduct. I understand that each foreign country has its own laws and standards of acceptable conduct, including dress, manners, morals, politics, drug use and behavior. I recognize that behavior that violates those laws or standards could harm Creighton's relations with those countries and the institutions therein, as well as my own health and safety. I will become informed of, and will abide by, all such laws and standards for each country to or through which I will travel during the program.</p> <p>I will be responsible for any legal problems I encounter in the host country. Creighton is not responsible for providing any assistance under such circumstances. If I am found responsible of violating any laws of the foreign country, I understand that Creighton may impose sanctions on me, up to and including terminating my participation in the Program.</p> <p>I agree that Creighton has the right to enforce the standards of conduct described above and the ILAC Code of Conduct, in its sole judgment, and that it will impose sanctions, up to and including expulsion from the ILAC program, for violating these standards or for any behavior detrimental to or incompatible with the interest, harmony, and welfare of Creighton, the program, or other participants.</p> <p>If I engage in behavior that results in my dismissal or expulsion from the program, I understand that I will be sent home and that I will be responsible for the cost of my return flight home. I understand that I will not receive any refund of funds I have raised for the ILAC program.</p> <p>If I voluntarily leave the Program, I understand that I will be responsible for the cost of my return flight home and that I will not receive any refund of funds I have raised for the ILAC program.</p> <p>I will attend to any legal problems I encounter with any foreign nationals or government of the host country. Creighton is not responsible for providing any assistance under such circumstances.</p> <p>I agree to comply with all ILAC Program rules and standards of conduct, during which time I am participating in the ILAC Program. I agree that the ILAC Program, through its Director and Coordinator, has the right to enforce the Program rules, in their reasonable judgment, and that Creighton may impose sanctions, up to and including termination or participation in the Program, if I violate ILAC Program rules.</p>

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Participant Initials	I HEREBY AGREE AS FOLLOWS:
	<p>Program Changes. Creighton has the right to make cancellations, substitutions, or changes in case of emergency or changed conditions or in the interest of the Program. I understand that an ILAC program may be cancelled if events in the international arena or at a planned site suggest that the security of the participants cannot be reasonably assured.</p> <p>I accept all responsibility for loss or additional expenses due to delays or other changes in the means of transportation, other services, or sickness, weather, strikes, or other unforeseen causes. If I become detached from the Program group, fail to meet a departure bus, airplane, or train, or become sick or injured, I will at my own expense seek out, contact, and reach the Program group at its next available destination.</p>
	<p>Program Cancellations/Refund Policy. Creighton reserves the right to cancel any Program in a location that is considered unsafe by Creighton or for which the U.S. Department of State has issued a travel warning. Creighton also reserves the right to cancel a trip in the event of an emergency, an act of God, outbreaks of disease (including, but not limited to H1N1 flu), or other political, natural, technological or other catastrophes beyond its control. Funds raised on behalf of the ILAC program will not be returned to donors.</p>
	<p>Assumption of Risk and Release of Claims. Knowing the risks described above, and in consideration of being permitted to participate in the Program, I agree, on behalf of my family, heirs, and personal representative(s), to assume all the risks and responsibilities surrounding my participation in the Program. To the maximum extent permitted by law, I release and indemnify Creighton and its officers, employees and agents, from and against any present or future claim, loss, or liability for injury to person or property which I may suffer, or for which I may be liable to any other person, during my participation in the Program (including periods in transit to or from any country where the Program is being conducted).</p>

PRINT THE COMPLETED FORM, SIGN BELOW, AND RETURN FORM TO THE ILAC OFFICE

SECTION B: PARTICIPANT SIGNATURE

I, individually, and on behalf of my family, heirs, and personal representatives, hereby release and discharge Creighton and its employees, officers, and directors (in their official and individual capacities) from any liability whatsoever for any damages, losses or personal injuries (including death) I sustain or damages to any property I own, which arise out of, result from, occur during or are connected in any manner with my participation in the Program and/or any travel incidental thereto.

I have carefully read this release form before signing it and I understand all of its terms. I have asked any questions I had about the information contained in this form, and any questions I had have been answered to my satisfaction. No representations, statements, or inducements, oral or written, apart from the foregoing written statement, have been made. This agreement shall be governed by the laws of the state of Nebraska which shall be the forum for any lawsuits filed under or incident to this agreement or to the Program.

Signature of Traveler: _____ **Today's Date:** ____/____/____

By checking this box I understand that I am signing a legal document. By typing my name above, I am performing the same task as though I were signing on paper and hold legal responsibility for signing this document.

Complete, signed forms may be emailed to: andygleason@creighton.edu OR
 may be printed and either Dropped off at ILAC (Criss III, Rm 262) or Mailed to:
 ILAC, Attn: Andy Gleason; Creighton University; Criss III, Rm. 262
 2500 California Plaza; Omaha, NE 68178

CODE OF CONDUCT

- *No illicit or illegal drugs in the ILAC/CESI Center or in the Campos.
- *No alcohol in the ILAC/CESI Center or in the Campos.
- *No drunkenness in the Dominican Republic.
- *No intimate relationships during ILAC Programs. Unmarried couples will room apart at ILAC/CESI Center.
- *No riding motorcycles, mopeds, motor bikes, bicycles or four wheelers.
- *No riding in the back of pickup trucks.
- *No travel to Haiti or Cuba during ILAC Program.
- *No inappropriate dress, e.g. short shorts, bare midriffs, “spaghetti-strapped” tops, see-through clothes, bikinis in campo, etc.
- *No receiving body piercing or tattoos while in the Dominican Republic (previously pierced ears with small earrings are acceptable for females – please remove other body jewelry.)
- *No smoking in the ILAC/CESI Center or Campos. Smokers please consult with ILAC Staff for appropriate smoking areas.
- *No phone calls in the Campos unless it is an EMERGENCY.

Limited use of ILAC Center phones. Phone cards are available for purchase when calling home. In case of emergency, notify ILAC staff.

For Creighton Students: All code violations or alleged violations will be reported to and handled by the Creighton Office of Student Integrity.

For Non-Creighton Students: All code violations or alleged violations will be reported to and handled by the respective school authorities.

The overall guideline for this Code of Conduct is that we are guests and learners in another country, and we want to show our respect and sensitivity to the Dominican people. ILAC is a faith-based program. In keeping with the ILAC mission, this allows us to make good decisions as we leave our culture behind for a moment in time and live in solidarity with the Dominicans.

I _____ have read and understand this Code of Conduct.
(Print name)

Signature: _____

Date: _____

By checking this box I understand that I am signing a legal document. By typing my name, I am performing the same task as though I were signing on paper and hold legal responsibility for signing this document.

SECTION A: PARTICIPANT INFORMATION	
PARTICIPANT NAME (Last, First)	NET ID (IF APPLICABLE)
DATE OF BIRTH	GENDER
PERMANENT ADDRESS	CITY, STATE, ZIP
ILAC PROGRAM NAME:	PHONE
DATES ABROAD	

SECTION B: EMERGENCY CONTACT INFORMATION - List complete contact details for a PRIMARY emergency contact (parents, guardians, or spouse)	
NAME OF CONTACT	RELATIONSHIP
STREET ADDRESS	CITY, STATE, ZIP
EMAIL	HOME PHONE
CELL PHONE	WORK PHONE

List complete contact details for a SECONDARY emergency contact (e.g., sibling, relative, friend, neighbor).	
NAME OF CONTACT	RELATIONSHIP
STREET ADDRESS	CITY, STATE, ZIP
EMAIL	HOME PHONE
CELL PHONE	WORK PHONE

SECTION C: HEALTHCARE PROVIDER CONTACT INFORMATION

In the event that you are in need of medical treatment while abroad, the health provider who is treating you in the host country may need to contact your primary care provider in the United States. Please supply the name and contact information for the health provider that would have knowledge of your medical history.

HEALTH PROVIDER NAME	CLINIC NAME
CLINIC ADDRESS	CITY, STATE, ZIP
CLINIC PHONE	CLINIC FAX

SECTION D: COUNTRIES AND ACTIVITIES

COUNTRY/COUNTRIES TO BE VISITED

DATES OF TRAVEL

SECTION E: PHYSICAL OR PSYCHOLOGICAL ACCOMMODATIONS

Please describe any physical or psychological conditions that may impact your ability to participate in the program. Include any dietary restrictions or need for accessible transportation and housing. Consider that travel abroad can impose extraordinary and sometimes unpredictable psychological and physical demands on you for which you should be as prepared beforehand as possible. Note that some accommodations may not be feasible depending on the type and location of program you have applied to. It is usually in the Participant's best interest to request a reasonable accommodation before initiating travel to make sure such accommodations can be put in place.

CONDITION	ACCOMODATIONS OR SUPPORT NEEDED

SECTION F: CURRENT MEDICATION(S)

Include any OTC medications/supplements and medication you carry for possible use (e.g. inhaler, epinephrine auto-injector). Participant is responsible for ensuring that all medications are legally permissible abroad and that a sufficient quantity is taken on the trip.

MEDICATION	REASON FOR USE	FREQUENCY OF USE

**if you need additional space, please attach additional sheet(s)

SECTION G: DRUG/FOOD/ENVIRONMENTAL ALLERGIES AND CONDITIONS

List all drug, food, and environmental allergies. Briefly describe reaction

ALLERGEN	DESCRIBE REACTION

**if you need additional space, please attach additional sheet(s)

Have you **EVER HAD (currently or in the past)**, been treated for, or hospitalized for the following:

HEALTH CONDITION	YES/NO	IF YES, EXPLAIN
Anemia		
Asthma/lung disease		
Bladder/kidney disease		
Blood clotting problems		
Cancer		
Chronic back/joint problems		
Chronic headaches (e.g., migraines)		
Chronic infections		
Diabetes		
Epilepsy/seizures		
Heart disease		
High blood pressure		
Liver/gallbladder disease		
Sickle cell disease		
Thyroid problems		
Ulcerative colitis/Crohn's		
Other chronic conditions (List)		

Have you **EVER HAD (currently or in the past)**, been treated for, or hospitalized for the following:

MENTAL HEALTH CONDITION	YES/NO	IF YES, EXPLAIN
Attention Deficit/Hyperactivity Disorder (ADHD)		
Anxiety/ panic attacks		
Bipolar disorder		
Depression		
Eating disorder (anorexia or bulimia)		
Schizophrenia		
Substance abuse (alcohol or drugs)		
Other mental health condition (List)		

I certify that all responses made on this form are complete, true, and accurate. I understand that if there are any changes in my health status, I will contact the ILAC Office immediately. I authorize the ILAC Office to share this information with my program leader/coordinators, the travel abroad program sponsor or host institution, and the health provider at the travel destination, unless I notify the ILAC Office in writing.

Vaccinations and other prophylactic medication may be recommended by my health provider based upon my travel destination. Unless I have a medical contraindication to receive such recommended treatment, I agree to receive the recommended vaccinations and to complete all recommended prophylactic medication. I further hereby assume each and every risk of non-immunization if I intentionally disregard such treatment recommendations, and my non-immunization status is discovered while traveling abroad.

Participant's signature: _____ **Date:** _____

By checking this box I understand that I am signing a legal document. By typing my name above, I am performing the same task as though I were signing on paper and hold legal responsibility for signing this document.

I hereby authorize representatives of Creighton University and/or the host institution, if any, to consent on my behalf to the provision of emergency medical treatment, including, but not limited to the examination, diagnosis, and treatment of any emergency condition or injury I may sustain during the Program, if I am not able to consent on my own behalf. This consent shall include, but not limited to, emergency blood transfusions, surgical procedures, administration of anesthesia, and other medical tests and procedures recommended by medical authorities. I agree to be financially responsible for any medical bills incurred as a result of such emergency medical treatment.

I also give representatives of Creighton University and/or the Program or host institution, if any, permission to communicate with one another and/or my parents/guardians, university officials, immediate family members, emergency contact persons(s), medical provider(s), and/or health care professionals concerning any medical condition about which they have knowledge in conjunction with a medical emergency.

Participant's signature: _____ **Date:** _____

By checking this box I understand that I am signing a legal document. By typing my name above, I am performing the same task as though I were signing on paper and hold legal responsibility for signing this document.

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 may be printed and either Dropped off at ILAC (Criss III, Rm 262) or Mailed to:
 ILAC, Attn: Andy Gleason; Creighton University; Criss III, Rm. 262
 2500 California Plaza; Omaha, NE 68178

(Adapted from Global Engagement Office's Health History/Health Clearance Form)

PHOTOGRAPH/MEDIA CONSENT AND RELEASE

I hereby consent and authorize an employee or agent of Creighton University and/or Creighton University Medical Center (collectively “Creighton”) to take photographs or motion pictures of me; or to produce videotapes, audiotapes, closed-circuit television programs, web casts, or other types of media productions that capture my name, voice, and/or image (any of the foregoing types of media are called the “Materials” in this Consent and Release form).

I authorize Creighton to copyright the Materials, and I authorize Creighton to use, reuse, copy, publish, display, exhibit, reproduce, license to a third party, and distribute the Materials in any educational or promotional materials or other forms of media, which may include, but are not limited to university publications, catalogs, articles, magazines, recruiting brochures, websites or other electronic forms of media, and to offer the Materials for use or distribution in other publications, electronic or otherwise, without notifying me.

I also agree that Creighton may identify me by name, course of study, and such other identifying information as class year, graduation date, hometown, etc. **(If the person does not wish to be identified by name, etc., please have them cross through this sentence, and initial here.)**

I agree that I am participating on a voluntary basis, and I will not receive any payment from Creighton for signing this release or as a result of any publication of the Materials.

Signature

Date

Address

By checking this box I understand that I am signing a legal document. By typing my name, I am performing the same task as though I were signing on paper and hold legal responsibility for signing this document.

(To be signed if the person in the Materials is under the age of 22.)

I am the parent or guardian of the person whose image appears in the Materials, and I give my authorization and consent on his/her behalf.

Signature

Date

Address

By checking this box I understand that I am signing a legal document. By typing my name, I am performing the same task as though I were signing on paper and hold legal responsibility for signing this document.

TRAVEL INFORMATION

Before filling out this form, please note the following:

We try to book everyone into the same airport, preferably Santiago. **Though ILAC prefers its participants to fly into Santiago, occasionally, due to limited availability, some people have to fly into other airports.** The ILAC Office will book **ALL TICKETS**. Our travel agent (**Travel & Transport**) will call/email you to confirm itineraries (so make sure we have the correct e-mail address).

PLEASE INDICATE FULL NAME USED ON YOUR PASSPORT. TICKET WILL BE ISSUED WITH THIS NAME.

First Name: _____

Middle Name: _____

Last Name: _____ Date of Birth: _____

E-mail Address: _____ Net ID: _____

Passport #: _____ Country of Birth: _____

Passport Expiration Date: _____

Citizen of what Country: _____

Expiration Date: _____

Participant Cell Phone #: () _____

Alternate #: () _____

Emergency Contact: _____ Contact's Phone #: _____

Departing from: _____ on: _____
City/State Date

Returning to: _____ on: _____
City/State Date

The ILAC Office needs a copy of the inside page of your passport that shows your photo and the passport number. Please give this information to Andy Gleason in the ILAC Office as soon as possible. If you don't have your passport, you need to be working on it ASAP.