

SUPPLEMENTAL MATERIALS

SUPPLEMENTAL MATERIALS CHECK LIST - Due by June 15, 2021

- □ Medical Form
- □ Record of Vaccinations and Prescription Medicines
- □ Limitation of Liability Waiver
- □ Permission For Use of Photographic Likeness
- □ Program & Travel Policies Agreement (2 pages)
- Copy of Emergency Medical and Evacuation Insurance (required for international programs)
- □ Copy of Immunization Records
- □ Check for full balance (make check out to Nobis Project, Inc.)

DEADLINES

Registration ends when all spaces are filled

Full balance and required forms due June 15, 2021

Mail completed forms and checks to:

Nobis Project, Inc. PO Box 9304 Savannah, Ga. 31412

Contact Christen Clougherty with any questions: 912.403.4113

christen@nobisproject.org

N B B S P R O J E C T

MEDICAL FORM

Participant Na	ame			Date of Birth
Emergency Co	ontact			Relationship
Telephone				Email
	home	work	cell	
Alternate Eme	ergency Conta	ct		Relationship
Telephone				Email
	home	work	cell	
Participant's I	Physician's Nan	ne		Date of most recent physical
Address				Telephone
Participant's I	Insurance Com	pany name		Telephone

Policy/group number ____

In addition to your current medical insurance, Nobis Project, Inc. requires that you have emergency medical and evacuation insurance and that you provide proof of coverage as well as bring a copy of your insurance card with you.

Allergy	Reaction	Medication Required

Recent illnesses?

_____Are you pregnant?_____

Accidents, operations, hospitalizations? _____

Chronic medical conditions?

Recent exposure to infectious diseases (i.e. COVID-19 or other)?

Dietary requirements or restrictions (vegetarian, gluten-free, lactose-intolerant, etc.)

Are you currently or in the past year were you under the care of a mental health professional?

If yes, for what reasons? _____

It can be very hot and humid in Savannah, Ga., and some of the excursions will be physical in nature. Considering this, please describe any medical conditions that might require accommodations in order for you to fully participate.

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

In the event that the emergency contact identified above cannot be contacted through reasonable efforts, I hereby voluntarily consent to the rendering of such care, including diagnostic procedures and surgical and medical treatment, by physicians and other medical professionals, as may in their professional judgment be necessary.

I hereby authorize the director or person in charge of the Nobis Project, Inc.'s Field Study to arrange for emergency medical care and treatment necessary to preserve my health and acknowledge that I am responsible for all charges in connection with care and treatment rendered during the trip.

Participant Name_____Date _____Date ____Date ____Date ____Date ____Date ____Date ____D



Participant name

In the event that the participant becomes ill during the Field Study, it is important that we know details about immunization and medication histories. By asking you to fill out this form, we are not recommending or requiring any vaccinations. We strongly recommend that you consult with a medical professional for advice regarding any medical travel precautions. Please fill out the following information and sign the bottom of the page. It is helpful, but not required, to attach a copy of immunization records to this form.

The participant is up to date on the following immunizations:

Immunization	Yes	No
MMR (measles, mumps, rubella)		
DTP (diptheria, tetanus, pertussis)		
Tetanus (for those who have completed		
the DTP series)		
Varicella		
Polio		
Influenza		
Others (please list)		

The participant has received the following vaccinations: Date received

	Vaccination	Date Rece	ived	7
	Hepatitis A			
	Hepatitis B			
	Rabies			
	Typhoid			
	Yellow Fever			
	COVID-19*			
	Others (please list)			
The participant is tal	king anti-malarial prophylaxis medication:	yes	no	
If yes, please list the	name of the medication and the date of the fi	rst dose:		
Please list prescripti	on medications you are taking:			
I have filled out this	form to the best of my knowledge:			
Participant Name	Signat	ure		Date
(Please print clearly)				

*Submit a copy of your COVID-19 vaccination record.



RELEASE AND LIMITATION OF LIABILITY WAIVER

RELEASE AND LIMITATION OF LIABILITY OF NOBIS PROJECT, INC.

PLEASE READ THE RELEASE AND LIMITATION OF LIABILITY CAREFULLY, PAYMENT OF YOUR DEPOSIT REPRESENTS AN ACCEPTANCE OF THE FOLLOWING TERMS AND CONDITIONS.

Nobis Project, Inc. gives notice that the services provided in connection with our programs are rendered by suppliers and independent contractors who are not agents nor employees of Nobis Project, Inc. Nobis Project, Inc. will endeavor to make arrangements for accommodations, meals, tours, transportation, and/or related travel services in conjunction with our tours. While we endeavor to engage the services of reputable suppliers or contractors, the trip member expressly agrees that Nobis Project, Inc. shall not be liable for any delay, mishap, inconvenience, irregularity, or bodily injury, death to person, or damage to property occasioned through the negligence (but not willful or fraudulent conduct) or default of any company or individual, including Nobis Project, Inc., engaged in providing these arranged services. Each passenger conveyance, tour company, hotel accommodation, restaurant, etc. is subject to the laws of the country in which the service is rendered. Nobis Project, Inc. shall not be liable, directly or indirectly, for bodily injury, property damage or loss, or additional expense incurred for any reason whatsoever, including, but not limited to the following causes: acts of God, detention, disease, annoyance, strikes, pilferage, theft, weather, quarantines, civil disturbances, default, changes in government regulations or restrictions, terrorism, war, the failure of any means of conveyance to arrive or depart as scheduled, or discrepancies or changes in transit or hotel services. Nobis Project, Inc. reserves the right to take photographic, audio or film records of any of their programs, and may use any such records, without participants consent, exclusively for Nobis Project, Inc. promotional and/or commercial purposes.

RELEASE OF LIABILITY AND ASSUMPTION OF ALL RISKS

_, HEREBY ACKNOWLEDGE that I have voluntarily applied to participate on the Field Study ١. designated on this Registration Form. I am aware that during my participation in an Nobis Project, Inc.'s Field Study certain risks and dangers may arise, including, but not limited to: the hazards of traveling in mountainous terrain, high altitudes, or undeveloped areas; travel by raft, canoe, boat, bicycle, train, plane, automobile, horseback, or by other means of conveyance, or on foot; roads, trails, hotels, vehicles, boats or other means of conveyance which are not operated nor maintained to standards common in the United States; the forces of nature including injury and/or death from animals or insects; civil unrest; terrorism; accident or illness, without access to means of evacuation or availability of medical supplies; physical exertion for which I am unprepared; consumption of alcoholic beverages; the negligence (but not willful or fraudulent conduct) on the part of Nobis Project, Inc. or others; or factors known or unknown and I agree to assume all risk of injury, illness and/or death from any risk causes in any way related to the Nobis Project or tour and travel associated therewith and do release and discharge the Nobis Project, Inc., its agents, employees and representatives from all liability associated therewith except for injury, illness or death arising solely form the willful misconduct of such agent, employees or representatives. I am also aware that medical services or facilities may not be readily available or accessible during some or all of the time that I am participating in the trip. Nobis Project, Inc. shall have no liability regarding the adequacy of any medical care, equipment or supplies that may be provided in conjunction with their tours. I also waive all civil liability against the organization for any injuries caused by the inherent risk associated with contracting Covid-19 or any variant thereof at public gatherings, except for gross negligence, willful and wanton misconduct, reckless infliction of harm, or intentional infliction of harm, by the organization or project.

I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGERS INVOLVED AND HEREBY AGREE TO BE RESPONSIBLE FOR MY OWN WELFARE AND ASSUME ANY AND ALL RISKS OF ILLNESS, INJURY, EMOTIONAL TRAUMA, AND DEATH AND HEREBY RELEASE AND DISCHARGE NOBIS PROJECT, INC. AND ITS AGENTS OR ASSOCIATES FROM ALL ACTIONS, CLAIMS, OR DEMANDS FOR DAMAGES RESULTING IN MY PARTICIPATION IN THE TRIP.

This Agreement of Release of Liability and Assumption of All Risks will in all respects be governed by and construed in accordance with the laws or the State of Georgia, USA and any claims or disputes hereunder shall be solely resolved in the courts in the federal courts in the Southern District of Georgia or in the courts of Chatham County, Georgia. I agree that the foregoing obligation shall be binding upon me personally, as well as upon my heirs, executors and administrators, and all members of my family, including any minors accompanying me. I have read carefully this agreement and fully understand its contents. I am aware that this is a release of liability and a contract between myself and Nobis Project, Inc. and I sign it of my own free will.

Name of Participant	Signature	Date
(Please Print Clearly)	- 0	



PERMISSION FOR USE OF PHOTOGRAPHIC LIKENESS

In consideration for my participation in Nobis Project, Inc.'s Field Study, I hereby consent to the dignified use by the Nobis Project, Inc., or any person, agent or entity affiliated with Nobis Project, Inc., of my name and photographic likeness in all forms and media, including but not limited to newspapers, television, websites, and other publications, for news, advertising, and any other lawful purpose. I understand that the project(s) created during the Nobis Project Field Study becomes the property of the Nobis Project, Inc. and affiliates for educational, instructional, or promotional purposes.

Participant Name____ (Please print clearly) _Signature _____

Date _____



PROGRAM & TRAVEL POLICIES AGREEMENT

TERMS AND CONDITIONS

The purchase of any travel services offered by Nobis Project constitutes a contractual arrangement between you and Nobis Project, and represents your acceptance of the Terms and Conditions set out herein. Make sure you read this information carefully and understand these Terms and Conditions prior to registering. These Terms and Conditions are subject to change.

While it is our intention to adhere to the draft itinerary described, on occasion it may be necessary, or desirable to make alterations. Due to the regions we may visit, travel can be unpredictable. Our itinerary is a general guide and any mention of specific destinations or other attractions is by no means a guarantee that they will be visited or encountered. Additionally, any travel times listed are approximations only and subject to variations due to local or other circumstances.

Important Note: Nobis Project's field studies need a minimum amount of people to depart. On rare occasions, at our sole discretion, Nobis Project will cancel a program if we have not reached our minimum number of participants by our registration deadline. In such instances Nobis Project will fully refund participants' monies. **DO NOT book your flights until Nobis Project has confirmed we have reached the minimum amount of participants needed to run this program. Nobis Project is not responsible for any expenses incurred by the participant for purchases made before receiving written confirmation.**

1) Registration

In order to confirm your space in the program of your choice, we require you to complete the Nobis Project Field Study registration form and pay a non-refundable deposit of \$250 USD per traveler.

2) Final Payment and Required Forms

Remainder of payment and all required forms are due to Nobis Project by June 15, 2021.

3) Cancellation

In the event that you have to cancel your trip due to unforeseen circumstances, we offer the following trip cancellation policy. It is advisable to purchase travel insurance to provide coverage for unexpected travel cancellations and baggage loss.

- Notice of trip cancellations received before the registration deadline of June 15 = Refund less \$250 USD deposit.
- Notice of trip cancellation received after the registration deadline of June 15 = Participant forfeits 100% of payment.

All cancellations must be submitted to Nobis Project, Inc. in written form by emailing your request for cancellation to christen@nobisproject.org. If you do not receive a confirmation that we have received your written cancellation request please call us at 912.403.4113. Verbal cancellation requests will not be honored. No refunds will be made if you do not show up for your trip or if you interrupt or cancel your trip once it has begun.

TRAVEL INSURANCE

Travel Cancellation Insurance

It is HIGHLY recommended that you also purchase Cancellation Insurance. Cancellation Insurance is available from HTH Worldwide and International Volunteer Card. When purchasing Cancellation Insurance make sure to carefully read what it covers. See above for Nobis Project policies regarding travel cancellation. To obtain a quote and purchase travel insurance, visit:

- HTH Worldwide (<u>http://www.hthtravelinsurance.com/travel_medical.cfm</u>)
- International Volunteer Card (<u>http://www.volunteercard.com</u>) The International Volunteer \$43 card (Plus Plan) includes the amount of travel medical insurance you need for travel with Nobis Project, plus other trip insurance benefits.

Vaccinations

A COVID-19 vaccination is required for participation. Every country has its own particular health care risks and every person has different levels of comfort regarding those risks when traveling overseas. For this reason, we strongly recommend that you consult with your healthcare provider to help you determine the appropriate vaccines and medicines for your trip. Please note that some vaccinations require more than one dose taken several weeks apart, so you should talk with your healthcare provider well in advance. It is your responsibility to know if you require any vaccinations or precautions for the country that you are visiting. Nobis Project will provide some country specific information to assist in your planning, following registration.

The following CDC websites provide useful information regarding travel to specific countries, but are not a replacement for a visit with your own physician: <u>http://wwwnc.cdc.gov/travel/destinations/list.aspx</u>

http://wwwnc.cdc.gov/travel/yellowbook/2010/chapter-2/travel-health-kits.aspx

Airport Arrival/Departure

Nobis Project Field Study participants are responsible for their own transportation to and from the program location. Participants should not make travel arrangements until receiving written confirmation from Nobis Project. Nobis Project is not responsible for travel arrangements made by participants before receiving written confirmation.

HEALTH, SAFETY AND SECURITY

Nobis Project will do our best to accommodate any special needs. Please keep in mind that certain locations will be better able to meet different dietary restrictions or mobility limitations. Participants are responsible for bringing a supply of all prescribed medicines and medical equipment required to last for the duration of the program.

While traveling you must exercise common sense and caution at all times. Always keep a photocopy of your passport, airline tickets and a record of your travelers' checks and credit card numbers separate from where you keep the originals and a set with your emergency contact person back at home. Nobis Project will not accept responsibility for loss or damage of valuables or other articles during our programs.

PROFESSIONAL DEVELOPMENT CERTIFICATE

Participants start their learning during the pre-departure activities that focuses on Nobis Big Ideas of history, power, relationships, global citizenship, and cultural responsiveness. The activities include, but are not limited to; readings and writing assignments, watching videos, and interactive web content all related to the location you are about to visit. These activities allow for a deeper understanding of the historical and cultural context you are about to experience as well as engaging in pre-departure selfreflection. The post-travel elearning is a structured platform to allow teachers to support one another, with the help of Nobis Project, as they translate their experiences in to projects in their classrooms.

Nobis Project awards every participant professional development certificates of participation at the end of each Field Study, at no additional cost. The Black Land Matters Field Study offers 30 professional development contact hours. Teachers must complete the elearning component of the program (pre and post) to receive a professional development certificate.

I hereby acknowledge that I have read and understand Nobis Project, Inc.'s Program & Travel Policies Agreement.

Print Name _____ Date _____ Date _____