



OUT OF COUNTRY TRAVEL	
Any previous experience with this country? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, describe:	
Are you planning this trip with the help of a Travel Agent? Yes <input type="checkbox"/> No <input type="checkbox"/> Name of Company:	
Name of any agencies/groups/individuals you will be working with in this country:	
Any previous experience with said agency/group/individual before? Yes <input type="checkbox"/> No <input type="checkbox"/> Describe:	
Does this country have any special entry/exit expectations? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please list:	
Possible Risks: Potential hazards may include but are not limited to the following:	
	<b>Cabin use/cooking</b> – burns from woodstove, camp stoves, or cooked food; falling off ladder or bunk; cuts from hatchets, knives, or camping implements, insect bites or stings.
	<b>City</b> – traffic hazards; separation from group; unwanted approaches from strangers
	<b>Driving</b> – motor vehicle accidents or injuries
	<b>Hiking</b> – injuries sustained hiking on uneven and/or unstable ground; falling from heights, footbridges, or tripping; falling rocks or trees; hostile wildlife, cuts or abrasions from sharp sticks and rocks; hypothermia, dehydration, exhaustion
	<b>Lakes and Rivers</b> – drowning, falling into creeks, injuries from being swept downstream, hypothermia or illness from contaminated water, possibly small bruises or blisters
	<b>Weather</b> – lightning, hail, debris from wind, water, or flooding, warm and cold temperatures, remote chance of mudslides or avalanches
	<b>Athletic Event</b> – broken limbs, concussion, soft tissue injuries, dental injuries, bruises
	<b>Other</b>

**Actions:**

CAMPUS LIFE COMMITTEE: APPROVED  DENIED  DATE: \_\_\_\_\_ Signature \_\_\_\_\_

ACADEMIC COMMITTEE: APPROVED  DENIED  DATE: \_\_\_\_\_ Signature \_\_\_\_\_

Denied based on the following reasons: