

**EMPLOYEE AND STUDENT
TRAVEL AGREEMENT, WAIVER, AND RELEASE**

Thank you for your commitment to participating in this Kettering Health-sponsored mission trip. Your willingness to serve others through this experience reflects the values we hold dear as an organization. To ensure your safety and clarify expectations for all participants, we ask that you carefully review and sign the attached Travel Agreement, Waiver, and Release. This document outlines important information regarding travel risks and safety considerations, your scope of practice while serving, conduct expectations, medical preparedness and emergency treatment authorization, expense responsibilities, and liability provisions. It also addresses photo release permissions, vaccination requirements for international travel, and procedures for monitoring travel advisories. Please read each section thoroughly, as your signature confirms your understanding and acceptance of these terms. If you have any questions about the agreement, please don't hesitate to reach out before your departure.

Brooke Harris,
Chief Human Resource Officer

In this document, Kettering Health refers to Kettering Adventist Healthcare and its affiliates, including all Kettering Health medical center corporations, physician corporations, Kettering College, and affiliated entities.

Vaccinations and Medications

This section only applies to international trips and travel.

It is the responsibility of all travelers to obtain the appropriate vaccinations and medications before travel. The Centers for Disease Control (CDC) website – <https://wwwnc.cdc.gov/travel> – provides the most up-to-date travelers' health information and recommended/required vaccinations for travel to all countries. Travelers are responsible for visiting a primary care physician or health care provider who specializes in travel medicine to receive consultation and recommendations concerning health issues and infectious diseases related to travel, and taking preventative measures, including vaccinations and medications, prior to departure.

Many countries in Central/South America and Africa require that travelers present proof of yellow fever vaccination upon entry into the country. Please carefully read the CDC's traveler's health information for the destination country to determine whether this vaccination is required.

I understand and agree that it is my responsibility to ensure that I am properly vaccinated before travel on this Kettering Health-sponsored trip, and to obtain any necessary medications and preventative measures.

Travel Alerts and Travel Warnings

This section only applies to international trips and travel.

It is the responsibility of all travelers to check the U.S. Department of State website –

<https://travel.state.gov/> – if a Travel Alert or Travel Warning is issued for their destination country or countries.

A Travel Alert is issued to disseminate information about short-term conditions, either transnational or within a particular country, that pose significant risks to the security of U.S. citizens.

A Travel Warning is issued when long-term protracted conditions make a country dangerous or unstable leading to the recommendation that U.S. citizens avoid or consider the risk of travel to that country, or when the U.S. government's ability to assist U.S. citizens is constrained.

I understand and agree that it is my responsibility to check the U.S. Department of State website before travel on this Kettering Health-sponsored trip. If a Travel Alert or Travel Warning is issued for my destination country or countries, I will fully read the risks and information contained therein.

_____ **(initial here)** I understand that Kettering Health or the foreign entity, at its sole discretion, may determine that an immediate departure or evacuation is necessary, and I must comply.

Travel Risks

Certain risks are involved in travel. While Kettering Health has taken reasonable and prudent steps to reduce foreseeable risks, some risk may exist for personal injury, death, or property damage related to my participation on this trip.

I understand that travel risks include, but are not limited to: accidents that may happen while traveling, including provided transportation, carpools, bicycles, and walking; risks associated with riots, civil commotion or disobedience, hijacking, kidnapping for ransom, risks associated with criminal, political or terrorist activity, unrest or danger; risks associated with the preparation and consumption of food and water; risks associated with infections, tropical, parasitic and other diseases, viruses or bacteria, and bites; perils of extreme weather and acts of God including but not limited to earthquake, fire, flood, tornado, hurricane, tsunami, and avalanche; the dangers of falling from high places, possible failed rescue attempts; the dangers of being lost; the possibility of being exposed to extreme temperatures for long periods; the possibility of serious physical, pain, mental trauma, or death, with medical attention several hours to several days away.

I understand that any type of travel may involve risk of loss, delays, changes in the means of transportation or in the performance of other services due to sickness, vehicle accidents, strikes, wars, natural disasters, pickpockets, official corruption, or other unforeseen causes or unfortunate outcomes; perils of extreme weather and acts of God, including but not limited to earthquake, fire, flood, tornado, hurricane, tsunami, and avalanche; and intentional or unwitting travel into areas with hazard of criminal, political or terrorist activity, unrest or danger.

Expectations for Exemplary Conduct

All participants on Kettering Health-sponsored trips are required to adhere to all applicable Kettering Health System Administrative Policies and the Kettering College Student Handbook including, but not limited to the following standards of conduct:

1. The consumption of alcohol and illegal drugs is expressly prohibited during the trip.
2. Sexual misconduct or harassment will not be tolerated. Sexual harassment is defined as unwelcome sexual advances, requests for sexual favors or other verbal or physical conduct of a sexual nature. If you are witness to or a victim of sexual harassment, please report the incident to your trip leader or Kettering Health contact immediately.
3. Engaging in any political or unlawful activity under the laws of the host country is prohibited.
4. Trip participants are expected to abide by the dress and cultural standards suitable in the cultures and environments visited.

I understand and agree that if I do not abide by said standards, or if my behavior and/or conduct is unreasonable, uncooperative, or disruptive in any way, that I may be required by Kettering Health and/or by host site authorities to leave and return home early at my own expense.

Medical Matters

Prior to departing on this trip, I understand that I am strongly advised to consult with my personal health care practitioner or a qualified travel medicine specialist in order to become familiar with the hazards that may be encountered during this trip, and to obtain the appropriate means of medical prevention or mitigation, including but not limited to vaccinations, prophylactic medications, and medical clearance for travel. I understand that Kettering Health, as an organization, cannot and does not provide individualized medical advice or recommendations regarding all precautions appropriate for each individual participant, and I accept sole and complete responsibility for my medical preparedness for this trip, including any consequences resulting from my failure to seek appropriate medical consultation or follow medical advice.

I am aware of my personal medical needs. Whether or not I have exercised my opportunity to consult with a health care practitioner of my choice, I represent to Kettering Health that there are no health-related reasons or problems which, in the exercise of reasonable care, would preclude or restrict my participation on this trip. I understand that I have a continuing obligation to disclose any material changes in my health status to Kettering Health prior to and during the trip.

I am aware that in the course of this trip, water and food sources may be contaminated; building, vehicle, and other safety standards may be less stringent than those encountered at Kettering Health; and I may visit areas where certain biomedical hazards are present that are not encountered at Kettering Health. I understand that providers of food, water, shelter, and transportation are not agents of, nor represented by Kettering Health. While traveling, I will exercise reasonable and/or recommended precautions with respect to food, drink, personal hygiene, personal conduct, and exposure to known risk factors.

If I am traveling internationally, I understand that the level of medical care available during travel or at the trip destination(s) may not be equivalent to the level of medical care available in

the United States for the same or similar injury, illness, or disease.

I acknowledge that unless otherwise confirmed in writing, Kettering Health does not provide insurance coverage for personal travel, personal activities, or injuries sustained during such personal activities. I have arranged for whatever insurance I consider adequate to meet any and all needs for travel and medical purposes, and I understand that Kettering Health strongly recommends obtaining comprehensive travel insurance including medical evacuation coverage. I understand that it is my responsibility to confirm the coverage and limits of any insurance I procure.

Emergency Medical Treatment Authorization

In the event of a medical emergency during my participation in this trip, I hereby authorize medical personnel, trip leader(s), designated Kettering Health representatives (if present), and/or any responsible adult accompanying me to secure and administer emergency medical treatment, hospitalization, surgery, or other medical care that may be deemed necessary for my health and well-being. This authorization is effective regardless of whether Kettering Health representatives are present during the emergency.

I understand that reasonable efforts will be made to contact my designated emergency contact before authorizing non-emergency medical treatment where feasible, but I acknowledge that in a true medical emergency, time may not permit such consultation. I expressly authorize emergency treatment to proceed without delay and without prior contact with my emergency contact if, in the reasonable judgment of the treating medical personnel, such delay could jeopardize my health or life.

I hereby authorize the release and disclosure of my medical information to medical providers and, if present, trip leaders and Kettering Health representatives, as necessary to facilitate appropriate medical care during the trip. I understand that such disclosure may include protected health information under HIPAA, and I consent to such disclosure for treatment, emergency, and coordination purposes related to this trip.

I authorize emergency medical transportation, including but not limited to ambulance transport, medical evacuation, and air ambulance services, if deemed medically necessary by treating medical personnel. I understand that I am financially responsible for all costs associated with such emergency medical treatment, transportation, and evacuation not covered by my insurance.

I acknowledge that Kettering Health, its representatives, trip leaders, and designated personnel may not be present during a medical emergency and are not medical professionals (unless otherwise licensed). I agree that neither Kettering Health nor any of its representatives are liable for any decisions made by third-party medical personnel regarding emergency medical care or transportation, nor for any delay in securing such treatment when Kettering Health representatives are not present. I further release and hold harmless Kettering Health, its officers, directors, employees, volunteers, agents, and affiliated organizations from any liability arising from emergency medical treatment authorized under this provision, whether or not Kettering Health representatives were involved in facilitating such treatment.

The emergency contact information I have provided at the end of this Agreement is accurate and current. I understand it is my responsibility to ensure Kettering Health has accurate emergency contact information prior to departure.

Photo and Written Material Release

I do hereby authorize Kettering Health and its designated representatives to record audio and/or video, photograph, write, publish, and distribute information about me related to my participation in this trip in such a manner as Kettering Health and its representatives deem appropriate for legitimate business, educational, and promotional purposes. I further authorize Kettering Health and its designated representatives to publish any photos or other assets that I voluntarily provide for their use. I understand that I may revoke this authorization at any time by providing written notice to Kettering Health, but such revocation will not affect materials already published or distributed.

I do agree that Kettering Health and its designated representatives may use and permit others to use photographs, audio/video, and/or written information about my participation in this trip for such purposes including, but not limited to, dissemination to Kettering Health staff, physicians, health professionals, students, and members of the public for educational, treatment, research, scientific, public relations, marketing, and/or charitable purposes. I do agree that such dissemination may be accomplished in any manner deemed appropriate by Kettering Health and its designated representatives.

I do enter into this agreement to assist Kettering Health and its designated representatives in pursuing scientific, treatment, educational, public relations, marketing, and/or charitable goals. I understand that any use of my name, image, likeness, voice, or other personal attributes in connection with these activities is voluntary and made with my informed consent. I do hereby waive my rights and/or the rights of my dependents/successors to compensation for such uses.

I and my dependents/successors will hold Kettering Health and its designated representatives harmless from and against any claim for injury and/or compensation resulting from the activities authorized by this agreement.

Responsibilities of Kettering Health

I understand that Kettering Health or an affiliated entity may make transportation, room, board, and other such arrangements necessary for my participation in an approved trip. I acknowledge that Kettering Health acts only as an intermediary in arranging such services and accommodations. Kettering Health and any affiliated entity will not be responsible for any cancellations, delays, diversions, substitutions, or any act, omission, negligence, or default whatsoever (including the results thereof) by air carriers, hotels, transportation companies, tour operators, or any third-party persons or entities providing any services or accommodations on the trip. I agree to release and hold harmless Kettering Health from any claims arising from the acts or omissions of such third-party service providers.

Waiver of Responsibility and Assumption of Risk for Personal Travel in Connection with Approved Kettering Health-Sponsored Travel

I understand and agree that any travel or activity not directly related to such approved trip shall be considered personal in nature. Kettering Health shall not be responsible for any transportation, lodging, meal, or other expense of any kind related to personal travel combined with a Kettering Health-sponsored trip.

While participating on an approved Kettering Health trip, I understand that I may voluntarily choose to participate, during my personal time, in certain activities not sponsored or controlled by Kettering Health and/or not part of the trip program. These activities may include, but are not limited to, the following: extracurricular leisure activities, travel to dangerous areas, off-roading, boat rides, motorcycle or ATV operation, zip-lining, hot air ballooning, personal aircraft rides or operation, skiing, scuba diving, bungee jumping, rafting, swimming, rock climbing, surfing, viewing or interacting with wild animals, or other similar hazardous or high risk activities.

I acknowledge and agree that I am voluntarily assuming all risks associated with such personal activities. I understand that any travel insurance or accident coverage provided to me by Kettering Health may not cover injuries sustained while participating in these or similar activities. I further understand that I am solely responsible for obtaining any additional insurance coverage I deem necessary for such personal activities, and I accept full financial responsibility for any such injuries or damages.

I agree to release, waive, discharge, and covenant not to sue Kettering Health, its officers, directors, employees, volunteers, agents, and subsidiary or affiliated organizations from any and all liabilities, claims, demands, actions, causes of action, costs, expenses, and damages of any nature whatsoever (including reasonable attorneys' fees) resulting from or arising out of my personal travel or activities that are not part of the approved Kettering Health-sponsored trip. I further agree to hold them harmless and indemnify them against any third-party claims arising from my personal travel or activities.

Trip Expenses

I agree to reimburse Kettering Health should it be held responsible for travel, room, board, legal, and/or other such expenses I incur while participating in an approved trip in excess of any pre-approved amounts, or amounts that I have prepaid, or for personal-related expenses. I will make full reimbursement within two (2) weeks of the earlier of: (i) my return from the trip, or (ii) termination of my participation in the trip.

If I am an employee, I hereby expressly authorize Kettering Health to deduct any unreimbursed amounts from my wages or other compensation owed to me, subject to the limitations set forth in Ohio Revised Code § 4113.15 and applicable federal law, and I acknowledge that any such deduction will be made in strict compliance with all applicable Ohio and federal wage deduction laws. I understand that such deductions will not reduce my wages below the applicable minimum wage and will be made in accordance with all notice requirements under Ohio law. If I am a student, I agree that subject to any modifications to Kettering College policies and procedures

that any unreimbursed amounts may be added to my student account, and I understand that such amounts must be paid in full before I will be permitted to register for classes for the next semester or before graduation, whichever occurs first. In the event Kettering Health must pursue collection of any amounts owed under this agreement, I agree to reimburse Kettering Health for all reasonable costs of collection, including but not limited to reasonable attorney's fees and court costs, to the extent permitted by Ohio law.

Assumption of Risk, Release of Responsibility, and Indemnification

This section applies to (1) employees of a Kettering Health affiliated entity volunteering time/services outside their regular work duties, and (2) active Kettering College students volunteering time/services or enrolled in an elective course. For employees traveling within the course and scope of their employment, different liability and workers' compensation provisions may apply. Additional provisions for other participants (including alumni, guests, and other volunteers) are set forth below.

I hereby acknowledge the inherent risk of domestic and international travel and the fact that injury, death, illness, disease, hijacking, or kidnapping might occur during or as a result of my voluntary service on a trip sponsored by Kettering Health, and fully understand that the risks associated with such service may include, but are not limited to, injury, illness, or death by accident, disease, terrorist acts, criminal or political activity, civil unrest, natural disaster, adverse weather conditions, and inadequate medical care, and/or damage to, or loss of, personal property. In consideration of the benefits derived from being accepted for service, I hereby volunteer my services despite such hazards. I willingly assume these risks and I hereby waive any and all claims against the participating domestic and international organizations as well as the sponsoring institutions, their officers and employees, and the leaders of Kettering Health, for any and all causes in connection with the activities of the above organizations and individuals on the trip.

I hereby agree to indemnify and hold harmless Kettering Health or any affiliated entity for any and all liability, loss, or other damage claims or obligations caused by or arising out of my intentional acts or negligent acts or omissions while participating in the trip.

By signing this Agreement, I expressly state my intention to volunteer for humanitarian and religious objectives without contemplation of pay.

If I am a student, and even if trip participation has been made a condition of my major, degree, or graduation, I acknowledge that I have freely chosen Kettering Health and this trip to further my education, and thus my participation on this trip is purely voluntary.

For Participants Who Are Not Employees or Students (Including Alumni, Guests, and Other Volunteers):

If I am participating in this trip but am not an employee of a Kettering Health affiliated entity or an active Kettering College student, I hereby acknowledge the inherent risk of domestic and international travel and the fact that injury, death, illness, disease, hijacking, or kidnapping might occur during or as a result of my voluntary participation on a trip sponsored by Kettering Health.

I fully understand that the risks associated with such participation may include, but are not limited to, injury, illness, or death by accident, disease, terrorist acts, criminal or political activity, civil unrest, natural disaster, adverse weather conditions, and inadequate medical care, and/or damage to, or loss of, personal property. In consideration of being permitted to participate in this trip, I hereby voluntarily participate despite such hazards. I willingly assume these risks and I hereby waive any and all claims against the participating domestic and international organizations as well as the sponsoring institutions, their officers and employees, and the leaders of Kettering Health, for any and all causes in connection with the activities of the above organizations and individuals on the trip.

I hereby agree to indemnify and hold harmless Kettering Health and any affiliated entity for any and all liability, loss, or other damage claims or obligations caused by or arising out of my intentional acts or negligent acts or omissions while participating in the trip.

I acknowledge that my participation in this trip is purely voluntary and that I have freely chosen to participate in this mission trip.

I have read, understand, and agree to the statements and requirements outlined above.

Signature: _____

Print Name: _____

Date: _____

Phone Number: _____

Address: _____

Emergency Contact Name: _____

Emergency Contact Relationship: _____

Emergency Contact Phone Number(s): _____

Emergency Contact Address: _____

Destination(s) _____

Trip Date(s): _____