



Registration Form for Fulbright Alumni Service Corps Trip to Albania and Kosovo 2017

Registration number
Official use only

Please complete this form and the attached health and liability forms in full, by computer or by hand, and print clearly in black ink. If additional space is required, attach a separate sheet, indicating the relevant section number. To fill this form by computer, you will need Adobe Reader, which you can download for free at: <http://get.adobe.com/reader/>

Note: Applicants must be members of the U.S. Fulbright Association. To join go to: www.fulbright.org

Please return the completed form by e-mail to: info@fulbright.org

1. Personal information

Last name		First name(s)	
Street address			
City		State	ZIP code
Phone		Email	
Date of Birth (MM/DD/YYYY)	Passport number		Pass. expiration (MM/DD/YYYY)
Gender Male Female	Will you stay in a shared or single room? Shared Single (at an extra cost of \$300 for the entire trip)		
	If there is a particular person you would like to share with, please write the name here:		

Emergency Contact Information

Last name		First name(s)	
Street address			
City		State	ZIP code
Phone		Email	
Relationship to trip participant			

*Your passport number and date of birth are needed for the emergency health insurance coverage while in Albania.

2. Fulbright background (if applicable)

Type of Fulbright Grant(s)	Country(ies)
Dates	Focus area

3. Professional background, skills and interest

These questions help to give us a sense of the dynamics of the group, what expertise or experience each member can contribute and what expectations you have for your experience on the Fulbright Service Corps trip to Albania.	
What is your professional background?	Do you have any language skills?
Why are you coming on this trip? What draws you to Albania/Kosovo?	
Please write a short (100-150 words) bio about yourself that you would like to share with your fellow travelers. We will publish these in a booklet for all of the trip participants. <i>Please send a photo of yourself to accompany the bio.</i>	
How did you learn about this trip?	Other:

4. Trip payment, cancellation, photo and health policies

Payment

Registration and deposit: The completed registration packet and a \$600 non-refundable/nontransferable deposit are due from each individual participant by March 1, 2017 and must be received by the Fulbright Association by this date. The registration packet includes this registration form, the health form and the liability waiver.

Final payment: The remaining balance (\$1680 for shared-room participants; \$1980 for single room participants) is due from each individual participant by April 7, 2017.

Participant late payment: In the event that you have not paid the full remaining balance by April 7, 2017, Cultural Heritage without Borders–Albania is entitled to decide whether to cancel your participation in the trip without a refund or to offer a grace period for payment.

How to make the payment: Please make payments by check or credit card to the Fulbright Association. If ***paying by credit card***, please visit the website www.fulbright.org, click "Donate" in the upper right corner, click "Donate Today" on the next page, and then continue with your payment via the secure online donation form. If there is no option for this trip under "Campaign/Fund Information," please write "FASC Trip 2017" and the name(s) of trip participants in the "donor comments" section. If ***paying by check***, please make out your check to "Fulbright Association" and on the *memo* line write "FASC Trip 2017" and the name(s) of trip participants. Mail checks to:

Fulbright Association
 1900 L St. NW #302
 Washington, DC 20036

Cancellation and refund policy

Participant cancellation: In the event that you cancel your participation on or before April 7, 2017, you will receive a full refund minus the \$600 non-refundable deposit. In the event that you cancel your participation after April 7, 2017, you will receive a refund of 50% of the amount that was paid over and above the \$600 non-refundable deposit.

Organizer cancellation: Cultural Heritage without Borders–Albania (CHWB) also reserves the right to cancel this trip in the event that our participants' and staffs' safety and security is in jeopardy. In the event that CHWB decides to cancel the trip for reasons beyond our control at any time prior to the departure date, CHWB will refund to each participant all payments received, but neither CHWB nor the Fulbright Association can or will accept responsibility for any losses incurred to any participants by this cancellation, although CHWB will make reasonable efforts to assist participants in recouping their losses.

Trip Cancellation Insurance

Cultural Heritage without Borders–Albania recommends that our participants purchase travel cancellation insurance to protect themselves against financial loss in the case of personal emergency or other unforeseen events. If we cancel a trip for any reason, we will refund you the trip cost, but your airfare or your other travel expenses you purchase separately, may not be protected. At times you may be affected by circumstances beyond our/your control such as flight delays, missed connections, delays in Customs and/or Immigration or the unfortunate event of terrorism, all which can affect your trip or cause you to cancel your journey, so make sure that the insurance that you select will cover these events. We encourage you to shop around to purchase the best insurance provider for your needs.

Photos and videos

Photos and videos taken during this trip may be used in print, digitally or on the websites of the Fulbright Association (FA) and/or Cultural Heritage without Borders (CHWB) for the purposes of promoting this and future FA and CHWB projects. Your signature on this form indicates your consent to this policy.

Health requirements

The Regional Restoration Camp portion of the trip requires a moderate level of physical activity (think Habitat for Humanity). Participants will be required to walk up and down steep, uneven cobblestone streets several times daily, lift 10-15kg, use hand tools with supervision and wear safety gear (helmets, goggles, gloves – to be provided by CHWB).

Health insurance

Please see attached 'Health Form' for details.

5. Statement

By signing this statement, I agree to the above terms and conditions. I declare that the above information is true and correct. I also declare that, to the best of my knowledge, my health allows me to undertake the proposed Fulbright Alumni Service Corps program and that I am an active member of the US Fulbright Association. I understand that either by writing or by typing my name below, I am officially signing this document:

Signature	Date (MM/DD/YYYY)
-----------	-------------------

Did you fill the other required forms? Health form Liability waiver
Did you send a photo of yourself to accompany your bio?



Health Form

Travel of any kind, particularly in a developing country, can be stressful on your body. While traveling in the Balkans, adequate healthcare, including certain medications, may not always be immediately available. If you take regular medication, please be sure that you bring enough with you to last the entire trip. Neither Albania nor Kosovo requires any immunizations for travelers coming from the US, but we recommend that your standard immunizations (e.g. measles-mumps-rubella (MMR), diphtheria-tetanus-pertussis, varicella (chickenpox), polio and your yearly flu shot, as recommended by the CDC) are up to date before leaving. We also recommend a health check-up both before you leave and after you return to the US. While we do not expect participants to become sick or injured during the Fulbright Alumni Service Corps Trip 2017, all travel necessarily carries some risks. For this reason, all participants are required to have adequate health insurance coverage for the duration of the trip.

Local health insurance: Cultural Heritage without Borders–Albania will provide in-country health insurance for all participants, from arrival until departure, which will cover your medical expenses in the event of an emergency. However, this coverage *does not* provide for emergency evacuation to the US. We encourage you to ask your US insurance provider about such supplementary provisions. In order for us to better understand your health needs, please answer the following questions, which are designed to give us the information we will need if you require healthcare.

1. US Health Insurance Information

Do you have a US health insurance provider?	Yes	No
Name of US health insurance provider:		
Policy number:		

2. Relevant Health Conditions

Please indicate any aspect of your health which may affect you during this trip (back pain, diabetes, allergies, epilepsy, etc.) Explain what medications and treatment are necessary and describe any allergic reactions or other side effects to medication.

Continue on next page, if necessary.

Continued from page 1

--

Do you have any special dietary needs or food allergies? If so, please specify below.

--

Privacy Statement: The personal information provided in this form will only be shared with the organizers of the trip (staff of the Fulbright Alumni Association and Cultural Heritage without Borders–Albania) and, when necessary, health care providers in order to provide necessary health treatment and/or care in the course of the Fulbright Alumni Service Corps Trip 2017.

Acknowledgment of Understanding: I assert that the information provided is correct to the best of my knowledge, and I understand that either by signing or by typing my name below, I am officially signing this document.

Name of Activity:	FULBRIGHT ALUMNI SERVICE CORPS TRIP 2017
Printed Name of Participant:	
Signature of Participant:	
Date (mm/dd/yyyy):	



Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of being permitted to visit or participate in any way in any activity, including transportation, for activities sponsored by the Fulbright Association, I, the undersigned, having actual knowledge and conscious appreciation of the particular dangers involved in the use of the above-described facilities and/or my participation in the above-described activities, voluntarily agree and assume all risks arising therefrom. I, for myself, my heirs, personal representatives, or assigns do release, waive, discharge, and covenant not to sue the Fulbright Association or Members of the Board of Directors or Cultural Heritage without Borders–Albania, their officers, employees, and agents for liability and responsibility for any and all claims, losses or demands relating to injury, death, or damages to myself or my property which may result from or arise in the course of my participation in such activity, including the negligence of the Fulbright Association Board of Trustees or Cultural Heritage without Borders–Albania, their officers, employees, and agents.

Assumption of Risks: Activities associated with events of the Fulbright Association or Cultural Heritage without Borders–Albania could involve hazards and risks including but not limited to:

- Risks related to transportation in airplanes and ground vehicles to and from the activity
- Risks related to any events near or on the water, such as drowning, injury from marine and aquatic organisms, or man-made objects in the water
- Risks arising from unaccustomed physical activity
- Risks arising from the usage of tools on the working site
- Risks arising from being in the dynamic environment of travel
- Risks related to the weather, sun exposure and other forces of nature

Travel and participation in activities carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks can range from 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in participation. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I further agree to indemnify and hold harmless and forever release and discharge all entities named above including the Fulbright Association, Cultural Heritage without Borders–Albania, the Board of Directors of each, their successors and assigns, and their employees, agents and volunteers from any and all claims and demands for loss, liability, damage, injury and/or costs whatsoever, which the undersigned and their heirs, representatives, executors and administrators, or other persons acting in their behalf, have or may have against all entities named in this document by reason of any accident, illness, injury or death, arising or resulting directly or indirectly from my use of events and activities of the Fulbright Association or Cultural Heritage without Borders.

In the event of any emergency in which I am unconscious or unable to clearly specify my wishes and desires I specifically give and authorize agents of the Fulbright Association or Cultural Heritage without Borders–Albania to take whatever measures are necessary to protect my life and safeguard my possessions, including but not limited to administering emergency medical treatment, contacting Life Flight and/or an ambulance. I further agree that all entities named in this document have no medical insurance coverage for such injury or loss, and I remain solely responsible/liable for any and all costs and expenses incurred by the Fulbright Association or Cultural Heritage without Borders–Albania, their agents and volunteers when addressing any such emergency and will reimburse those parties for all costs and expenses incurred.

I expressly agree that this release, waiver and indemnity is intended to be as broad and inclusive as permitted by United States law.

Acknowledgment of Understanding: I further certify I am of lawful age, that I fully understand and acknowledge I am solely relying wholly on my own judgment, belief and knowledge of the circumstances involved in and/or participation in the above described activities and have carefully read this document, understand its contents, and voluntarily sign it of my own free will and choice. I have also read and understand the most recent version of the State Department Consular Information Sheets and Travel Warnings (<https://travel.state.gov/content/passports/en/alertswarnings>). I understand that either by signing or by typing my name below, I am officially signing this document.

Name of Activity:	FULBRIGHT ALUMNI SERVICE CORPS TRIP 2017
Printed Name of Participant:	
Signature of Participant:	
Date (mm/dd/yyyy):	