



Insight Trip to Iceland: August 6th-12th, 2021 Registration Forms

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.

Note: Applicants must be members of the U.S. Fulbright Association (you do not need to be a Fulbright grantee to join the Association). To join or renew your membership, please go to: www.fulbright.org.

Please return the completed form by e-mail to travel@fulbright.org or mail it to the Fulbright Association.

Section 1: Personal information

Last name		First name(s)	
Street Address			
City	State	Zip	
Phone	E-mail address		
Date of Birth (MM/DD/YYYY)	Passport number	Pass. expiration (MM/DD/YYYY)	
Name of roommate requested (if applicable): <i>note: single-occupancy rooms not applicable for this program</i>		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
<u>Emergency Contact Information</u>			
Last Name:		First Name(s):	
Preferred name:		Relationship to participant:	
Street Address			
City	State	Zip	
Phone		E-mail address	

Section 2: Fulbright background (if applicable)

Type of Fulbright -	Country(ies)
Dates	Focus area

Section 3: Professional background, skills and interest

These questions help to give us a sense of the dynamics of the group, what experience or experience each member can contribute, and what expectations you have for your experience on the Fulbright Association 2021 Insight Trip to Iceland.

What is your professional background?	Do you have any language skills?
Why are you interested in this trip?	
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? <input type="checkbox"/> Email message <input type="checkbox"/> Other (please explain):	

Section 4: Trip payment, cancellation, photo and health policies

Payments Information

Deposit: A **\$500 non-refundable/non-transferable deposit** for the main trip and a completed registration packet are due from each individual participant by the registration deadline. Please note that this portion of the travel cost is tax deductible. We are happy to provide a letter for your records. The registration packet includes this registration form, the health form and the liability waiver. **Final payment:** The remaining balance is due from each individual participant on **July 15th, 2021 by 5PM EST**. In the event that you have not paid the full remaining balance by the deadline, the Fulbright Association 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: To make a payment, you may:

- Send a check to Fulbright Association; 1900 L St. NW, Suite 302; Washington, DC 20036
- Call the Fulbright Association at (202) 775-0725 to make a card payment over the phone

Cancellation and refund policy

Participant cancellation: There is no guarantee of any refund due to participant cancellation after registration and payment of deposit.

Organizer cancellation: The Fulbright Commission of Iceland reserves the right to cancel the trip if participants' and staffs' safety and security is in jeopardy. In the event that the Fulbright Commission of Iceland decides to cancel the tour for reasons beyond its control (which term will be defined as any acts of government, war, terrorism, revolution or natural disaster in the destination country, which as agreed between the parties herein will prevent the Fulbright Commission of Iceland from organizing a tour consistent with tour program standards and the requirements of the Fulbright Association), neither the Commission nor the Fulbright Association can or will accept responsibility for any losses incurred to any participants by this cancellation although will make every reasonable effort to assist the participants in recouping their losses. The Fulbright Commission of Iceland shall be responsible for securing participant acknowledgement of this term and condition on behalf of itself and Fulbright Association.

Trip Cancellation Insurance: In light of the travel uncertainty due to the COVID-19 pandemic, the Fulbright Association and the Fulbright Commission of Iceland **requires that all participants purchase travel cancellation insurance** to protect themselves against financial loss in the case of personal emergency or other unforeseen events. 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 of 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 FA and/or The Fulbright Commission of Iceland for the purposes of promoting this and future FA trips. Your signature on this form indicates your consent to this policy.

Health insurance

Please see attached 'Health Form' for details.

Statement

By signing this statement, I agree to the above terms and conditions. I declare that the above information is complete, true and correct. I also declare that, to the best of my knowledge, my health allows me to undertake the proposed Fulbright Association Insight Trip and that I am an active member of the US Fulbright Association. I understand that any participant whose statements in these registration documents is not complete, true and correct or who demonstrates behavior not consistent with Fulbright policies or ideals may be asked to leave the trip solely at his/her expense. I understand that either by writing or by typing my name below, I am officially signing and agreeing to this document:

Signature	Date (MM/DD/YYYY)
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Did you fill the other required forms (attached)?

Health form

Release and Waiver of Liability

Health Form

Travel of any kind, particularly in a developing country, can be stressful on your body. While traveling 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.

Vaccinations and Immunizations: Travelers must be fully vaccinated with an FDA-authorized vaccine or vaccine authorized by emergency use by the World Health Organization. Travel in Iceland does not require any further immunizations for travelers coming from the US, but the CDC (Centers for Disease Control and Prevention, <https://www.cdc.gov/>) recommends that your standard immunizations (e.g. measles-mumps-rubella (MMR), diphtheria- tetanus-pertussis, varicella (chickenpox), polio and your yearly flu shot) be up to date before leaving. Additionally, the CDC recommends the following vaccinations:

- Hepatitis A: CDC recommends this vaccine because you can get hepatitis A through contaminated food or water in Iceland, regardless of where you are eating or staying.
- Typhoid: You can get typhoid through contaminated food or water in Iceland. CDC recommends this vaccine for most travelers, especially if you are staying with friends or relatives, visiting smaller cities or rural areas, or if you are an adventurous eater.

Health Insurance: All travelers must have health, emergency, and evacuation insurance for the period of the trip to cover your medical and related expenses in the event of an emergency. You are encouraged to ask your current insurance provider about what coverage you may already have. Supplemental travel health insurance is available from multiple providers.

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

Please Note: We require all participants to have health insurance coverage for all Fulbright travel trips.

Do you have a US health insurance provider?

Yes

No (If you select no, we will contact you for further info)

Name of US health insurance provider	
Policy number	
Secondary health insurance (if applicable)	
Secondary policy number (if applicable)	

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.

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 used by the Fulbright Commission of Iceland, and, when necessary, health care providers in order to provide necessary health treatment and/or care in the course of the Tour.

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. I agree to the release of any of the foregoing information to a health care provider, emergency medical personnel, or other relevant personnel as required. If I have a contagious illness, I understand that I will need to isolate

myself from the trip members and not participate on the trip itinerary until I am no longer compromising the health of the other trip participants as confirmed by an in-country doctor note.

Name of Activity:	Fulbright Alumni Insight Trip to Iceland (August 6-12, 2021)
Printed Name of Participant:	
Signature of Participant:	
Date (mm/dd/yyyy):	

Release and Waiver of Liability

PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHT!

One signed copy of this form is to be kept on file at each location/venue and in the participant's permanent file at the Fulbright Association Washington, D.C. office.

The Release and Waiver of Liability (the "Release") executed this ___ day of _____, year _____, by _____ (The "Participant") in favor of The Fulbright Association, Inc. a District of Columbia nonprofit corporation, its directors, officers, employees and agents, sponsors, co-sponsors, donors, volunteers and partner families, including, without limitation, the Fulbright Association Representative (or FAR) (collectively, "Fulbright" or the "Released Parties").

The Participant desires to travel with Fulbright [on a _____ (work/other) to _____ during the period _____] and engage in activities during and related to such travel. The Participant understands that such activities may include certain potentially dangerous activities ,such as construction of or walking through rough grounds or buildings, exploring ruins, renovating, diggings, etc.]. Participant also understands there is some inherent risk in consuming local foods and living in local accommodations in the city(ies) and sites visited. Participant further understands that he/she may be traveling to and from locations where there is a risk of terrorism, war, insurrection, criminal activities, instability, terrain, inclement weather or other circumstances that could threaten my health or safety. Participant also understands that it is the policy of Fulbright not to pay ransom or make any other payments to secure the release of hostages. The Participant understands that these activities may include the use of equipment and place the Participant in situations that may pose risk of harm to the Participant. Participant agrees to abide by all Fulbright guidelines and regulations during the trip, and to remain with the Fulbright travel group at all times during the trip unless an emergency departure is mandated by Government action or a personal health or other crisis approved by Fulbright, or the Participant is told by the FAR to leave the trip (at his/her own expense) because of violation of Fulbright policies or breach of any representation, statement or covenant contained in any of the registration documents executed by the Participant in connection with the trip.

Participant certifies that he/she is physically fit, has sufficiently prepared for participation in this travel and all related activity, and has not been advised to not participate by a qualified medical professional. Participant certifies that there are no health-related reasons or problems which preclude his/her participation in this activity. The Participant does hereby freely, voluntarily and without duress execute this Release under the following terms:

1. Release and Indemnification. In consideration of and in order to participate in such travel and all related activities, Participant does hereby release and forever discharge and hold harmless the Released Parties and their respective successors and assigns from any and all liability, claims and demands of whatever kind or nature either in law or in equity which arise or may hereafter arise from or by reason of Participant's travel with Fulbright. Participant indemnifies, agrees to hold harmless and promises not to sue any of the Released Parties for any and all liabilities or claims made as a result of participation in this travel and any related activity, whether caused by the negligence of the Released Parties or otherwise. Participant understands and acknowledges that this Release discharges the Released Parties from any liability or claim that the Participant may have against, or actions of any kind by, the Released Parties with respect to any bodily injury, personal injury, illness, death or property theft or damage that may result from Participant's travel

with Fulbright whether or not caused by the fault, negligence or carelessness of any of the Released Parties or Fulbright. Participant also understands that Fulbright does not assume any responsibility for or obligation to provide financial assistance or other assistance, including, but not limited to, medical, health or disability insurance in the event of illness, injury, death, property loss or damage.

2. Medical Treatment. Participant consents to the use of first aid treatment and the use of generic and over the counter medications and treatments as directed by manufacturer labels, whether administered by the Released Parties or first aid personnel. In an emergency, Participant understands the Released Parties may try to contact the individual listed below as an emergency contact. If an emergency contact cannot be reached promptly, Participant hereby authorizes the Released Parties or any of them to act as an agent for Participant to consent to any examination, testing, x-rays, medical, dental or surgical treatment for Participant as advised by a physician, dentist or other health care provider. This includes, but is not limited to, Participant's assessment, evaluation, medical care and treatment, anesthesia, hospitalization, or other health care treatment or procedure as advised by a physician, dentist or other health care provider. Participant also authorizes the Released Parties to arrange for transportation of Participant as deemed necessary and appropriate in their discretion. Participant does hereby release, forever discharge and hold harmless the Released Parties and all of them from any liability, claim, demand, and action whatsoever brought by or on behalf of Participant which arises or may hereafter arise on account of any transportation, first aid, assessment, care, treatment, response or service rendered in connection with Participant's activities or travel with, or by, any of the Released Parties.

If the Participant is less than 18 years of age, the parent(s) having legal custody and/or the legal guardian(s) of the Participant also hereby release, forever discharge and hold harmless the Released Parties from any liability, claim, demand and action whatsoever brought by such Participant or on his/her behalf which arises or may hereafter arise on account of the decision by any representative or agent of the Released Parties to exercise the power to transport, administer first aid, and consent to assessment, examination, x-rays, medical, dental, surgical or other such health care treatment as set forth in the "Parental Authorization for Treatment of, and Travel With, a Minor Child".

Participant does hereby release and forever discharge the Released Parties from any claim whatsoever that arises or may hereafter arise on account of any first aid, treatment or service rendered, or lack thereof, in connection with the Participant's travel with Fulbright.

3. Assumption of the Risk. Participant understands that the travel with Fulbright may include activities that may be hazardous to the Participant, including, but not limited to, construction, loading and unloading and transportation to and from the work sites. In connection therewith, Participant recognizes and understands that activities at Fulbright may, in some situations, involve inherently dangerous activities.

Participant hereby expressly and specifically assumes the risk of injury or harm in these activities and releases the Released Parties from all liability for injury, illness, death or property damage resulting from the activities of the Participant's travel with Fulbright. Participant agrees that the Released Parties shall not be responsible for the acts or omissions and/or failures to act of any party or person conducting a specific activity on their behalf.

4. Insurance. The Participant understands that Fulbright does not carry or maintain any health, medical life, disability or other insurance coverage for any Participant. Participant understands that he/she is and will remain responsible for payment of all hospital, physician,

ambulance, dental, medical, transportation/repatriation/evacuation, kidnap/ransom and other services obtained for Participant or his/her child, and Participant certifies and warrants that Participant and/or his/her child have “cancellation for no reason” travel insurance covering trip cancellation or interruption, and that Fulbright is named as co-insured and loss payee, as the case may be, on such insurance. Participant certifies and warrants that Participant and/or his/her child have the insurance coverages identified in the first two sentences of this sentence. Written evidence of all such insurance coverages has been provided to Fulbright. In the event that Participant fails to obtain and maintain “cancel with no reason” travel insurance covering all of his/her and his/her dependent’s flight and other travel costs for which Participant is responsible, and Participant cancels his/her and/or his/her dependent’s participation in this travel/trip with the Fulbright Association after the date set for final payment for such travel/trip, Participant recognizes that he/she is and shall be fully responsible for any and all costs of his/her and/or such dependent’s travel to and from the trip that may be incurred or payable. Participant agrees that the Released Parties do not assume any responsibility for the payment of such fees or expenses which may be incurred. Participant understands that his/her personal health insurance is his/her primary coverage. **Each Participant is required to obtain all of his or her own insurance coverages identified in this paragraph.**

Additional COVID-19 Requirements:

Each Participant and/or his/her child are required to and hereby agree to observe and comply with all of the following requirements, as applicable:

--Produce on request of Fulbright and any Governmental official proof of COVID-19 vaccination with applicable booster, and/or proof of negative COVID-19 test results 1-3 days prior to departure and in accordance with the applicable airline requirements.

--At all times during the trip, comply fully with (at each Participant’s personal expense) all applicable COVID-19 protocols in force in (1) the USA such as testing and quarantining for departing and arriving passengers and (2) the visited country, including, without limitation, mask-wearing, social distancing, hand-washing, rapid testing if symptoms appear and quarantining, as required.

--In the event that during the trip there occurs a positive COVID-19 test on a Participant, that Participant agrees to leave the trip and self-quarantine for 5 days, or fewer days if that person tests negative during those 5 days (all related costs to be at the Participant’s personal expense).

--Maintain on his/her person at all times a tablet or smart phone to receive COVID-19 rapid test results from any airport or other applicable testing site.

5. Photographic/Recording Release. Participant hereby grants and conveys unto the Released Parties all right, title and interest in any and all photographs and video/audio/electronic recordings of Participant, including as to his/her name, image and voice, made by or on behalf of any of the Released Parties during my activities or travel with the Released Parties, including, but not limited to, the right to use such materials for any purpose and to any royalties, proceeds or other benefits derived from them. Participant understands that he/she will not have any ownership interest in or to such photographs, images and/or recordings, he/she has not been provided or promised any compensation, and Participant hereby waives any rights, privileges or claims based on any right of publicity, privacy, ownership or any other rights arising, relating to or resulting from the photographs, images and/or recordings. Participant understands and agrees that this

paragraph also applies to his/her minor child(ren) who are participating.

6. Other. Participant expressly agrees that this Release is intended to be as broad and inclusive as permitted by applicable law. This Release shall be governed by and interpreted in accordance with the laws of the District of Columbia. Participant agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

IN WITNESS WHEREOF, Participant has executed this Release of his/her own free will as of the date first above written and in signing this document acknowledges that this Release has been reviewed by him/her and/or his/her legal representatives, and that Participant fully understands that this is a release and waiver of liability and a legal contract.

SIGNATURE OF PARTICIPANT 18 YEARS OR OLDER:

Participant: Name (please print): _____ Signature: _____
Address: _____
Phone (H) _____ (C) _____ Date of Birth: _____
Email: _____
Witness: Name (please print): _____ Signature: _____

EMERGENCY CONTACT INFORMATION FOR PARTICIPANT OVER 18 YEARS OF AGE	
Name: _____	Relationship: _____
Address: _____	
Phone (H) _____ (C) _____	(W): _____
Email: _____	

The following information may be needed by any hospital or medical practitioner not having access to the Participant’s medical history. Providing this information to Fulbright does not imply any obligation or intent of Fulbright to provide meals that meet Participant’s dietary needs:

Known Medical Conditions [N.B.: a complete and accurate medical history of Participant and/or his/her accompanying minor has been provided to Fulbright on a confidential basis to be disclosed only in the case of an emergency situation.]

Allergies (medicine, food, etc.): _____

Any physical or communication challenges to which a physician or health provider should be alerted:
Medications Being Taken:

<input type="checkbox"/> Wears Glasses?	<input type="checkbox"/> Wears Contacts?	<input type="checkbox"/> Uses an Inhaler?
<input type="checkbox"/> Uses a Hearing Aid?	<input type="checkbox"/> Wheelchair?	<input type="checkbox"/> Other?
<input type="checkbox"/> Has an EpiPen for Allergic Reaction?	<input type="checkbox"/> Has Seizures?	<input type="checkbox"/> Other?

Date of last tetanus shot: _____

Health/Medical Insurance Company: _____ Policy # _____

Other Insurance Coverages:

Dental Insurance Company Policy # _____

Repatriation/evacuation Insurance Company Policy # _____

Travel Interruption Insurance Company Policy # _____

Local Hospital/Emergency Room: _____ Phone: _____

IMPORTANT: If the Participant is less than 18 years of age, all parents or guardians must (1) complete the signature section below; and (2) sign one additional form: the "Parental Authorization for Treatment of, and Travel With, a Minor Child" ("Parental Authorization") on the following page. If the minor will be travelling outside the United States, the Parental Authorization must be notarized.

If only one parent or guardian signs these forms on behalf of a Participant who is under 18 years of age, then the undersigned parent or guardian of the Participant hereby covenants, warrants, represents and agrees that he or she is executing these forms on behalf of, and as an agent for, any other individual who may be a parent or guardian of the Participant, that he/she is fully authorized to do so, and that by executing such Release and Parental Authorization, the undersigned is binding himself/herself, the Participant, and any other parent or guardian of the Participant, and all of their heirs, next of kin, assigns, and legal representatives to such Release and Parental Authorization.

Name of Participant Under 18 Years Old:

Name: _____ Date of Birth: _____

SIGNATURE OF PARENT/GUARDIAN SIGNING ON BEHALF OF THE ABOVE MINOR:

I have carefully considered my decision, the benefits and risks involved and hereby give my

informed consent, on behalf of the above listed minor child, for him/her to participate in all travel and activities as set forth in the above Release and Waiver of Liability, and such terms are incorporated herein. I have read and understand the above Release and Waiver of Liability, any questions of mine have been answered, and I voluntarily agree to all such provisions. It is my intent to bind my and the minor Participant and all of their respective heirs, next of kin, assigns, and legal representatives.

Parent/Guardian: Name (please print): _____ Signature: _____

Address: _____

Phone (H) _____ (C) _____ Email: _____

Witness: Name (please print): _____ Signature: _____

Parent/Guardian: Name (please print): _____ Signature: _____

Address: _____

Phone (H) _____ (C) _____ Email: _____

Witness: Name (please print): _____ Signature: _____

EMERGENCY CONTACT INFORMATION FOR PARTICIPANT UNDER 18 YEARS OF AGE

Name: _____ Relationship: _____

Address: _____

Phone (H) _____ (C) _____ (W) _____

Email: _____

IMPORTANT: If the Participant is less than 18 years of age, this Parental Authorization also must be signed.

If the minor child will be travelling outside the United States, the Parental Authorization must be notarized.

PARENTAL AUTHORIZATION FOR TREATMENT OF, AND TRAVEL WITH, A MINOR CHILD

I, _____, am the parent or legal guardian having custody of a child who is under 18 years old and who will be traveling with Fulbright Association, Inc. or its affiliated organizations. As such parent or legal guardian, I hereby authorize and appoint _____, an adult in whose care the minor child has been entrusted, and any agent or employee of the Fulbright Association, Inc., or its affiliated organizations if necessary or appropriate, including the Fulbright Association Representative (or FAR) as my agent to act for me with respect to my minor child and his or her personal care, and in my name in any way I could act in person to make any and all decisions for me with respect to my child listed below ("child"):

Name: _____ Date of Birth: _____

I consent to the use of first aid treatment for my child and the use of generic and over the counter treatments as directed by manufacturer labels, to be administered by Fulbright Association, Inc., or its employees or agents or its affiliated organizations or first aid personnel. In an emergency, I understand my named agent and/or Fulbright Association, Inc. or its affiliate organizations may try to contact the individual listed as an emergency contact. If an emergency contact cannot be

reached promptly, I hereby authorize the named agent above and any agent or employee of Fulbright Association, Inc. or its affiliated organizations to act as an agent for me to consent to any examination, testing, x-rays, medical, dental, or surgical treatment for my child as advised by a physician, dentist or other health care provider. This includes, but is not limited to, my child's assessment, evaluation, medical care and treatment, anesthesia, hospitalization, or other health care treatment or procedure as advised by a physician, dentist or other health care provider. I also authorize Fulbright Association, Inc. or its affiliated organizations to arrange for transportation of my child as deemed necessary and appropriate in their discretion.

My agent and any agent or employee of the Fulbright Association (including the FAR) or its affiliated organizations, as applicable, shall have the same access to my child's medical records that I have, and is designated by me to be the child's Personal Representative under the Health Insurance Portability and Accountability Act (HIPAA), including the right to disclose the contents to others. I authorize health care personnel and health care facilities to rely on this consent form and any health information I have provided to my named agent and/or Fulbright or its affiliated organizations regarding my child.

I authorize and appoint my agent to travel with my minor child to _____ [*insert location*], and consent for my minor child to serve as a Participant with Fulbright Association, Inc. or its affiliates.