



ODFL Trip Leader/Chaperone Application

You are receiving this because you have expressed interest in leading a One Dollar for Life sponsored trip over the summer. We are grateful for your desire to help teens improve the quality of our world through this hands-on opportunity. ODFL pays all trip-related expenses for its chaperones (except any personal items, souvenirs, passport renewal fees, etc.). Trip leaders/chaperones are required to:

- Be a credentialed teacher
- Organize a successful fundraiser at their school
- Obtain a current CPR & 1st aid certification; advanced levels are encouraged (ODFL may reimburse you if prior approval is requested)
- Travel both to and from the destination with the participants; solo travel may be an option depending on the trip with prior arrangements with ODFL, but should not be planned on
- Communicate, organize, and lead numerous pre-trip meetings (if geographically able) with the travelers and their parents
- Be 25-years of age or older

Each trip is expected to include approximately 12-18 high school students and two chaperones, one male and one female. Once you have been selected, we require a check made out to 'ODFL Trips' for \$500. This is your good-faith commitment to be a chaperone and will be returned to you at the airport on the day of your departure. Should a trip fail to recruit enough participants, your money will be refunded immediately.

Please fill out the following information and return to Cathy Dwulet (cathyd@odfl.org) as soon as possible.

Name: _____

Gender: _____

Prior involvement with ODFL: _____

Trip preference: _____

Travel experiences: _____

Do you speak any languages other than English? If so, which one(s)? _____

Thank you for your time and interest!

Cathy Dwulet
ODFL Director of Global Field Operations
cathyd@odfl.org

ODFL TRIP APPLICATION

Trip Leader's Information:

Name (as it appears on your passport): _____

Address: _____

Date of Birth: ____ / ____ / ____ School: _____

Gender: _____ Passport Number: _____ Exp Date: _____

Email: _____ Cell phone: _____

Significant Other's Information:

Name: _____

Address (if different): _____

Home phone: _____ Cell phone: _____

Work phone: _____ Email: _____

In case of emergency and we are unable to reach your significant other, who should we call?

Name: _____ Cell phone: _____

PLEASE PROVIDE A COPY OF YOUR PASSPORT AND FRONT/BACK OF YOUR MEDICAL INSURANCE CARD.

I have read and understand the Agreement and Acknowledgment of Risk and Medical History forms. There are certain risks inherent in the One Dollar For Life program; I understand the nature of this program and the risks involved. I agree to release, waive, covenant not to sue, indemnify and hold harmless ODFL and its agents, chaperones, and other personnel of any and all liability and responsibility of any nature for loss or damage to property or personal injury, including death or illness, incurred while participating in an ODFL program. I agree that any photographs, individually or in a group, taken by ODFL or another participant shall become the property of ODFL, and may be used by ODFL, at its discretion, for publicity, marketing, and/or advertising purposes, and I hereby consent to authorize such use without restriction. I agree to have all shots and medicine as recommended by a travel doctor and to provide proof of medical insurance. I affirmatively state that all of the information provided in all of the application forms is complete and true to my knowledge.

Signature _____ Date: _____

Name (Print): _____

ODFL Trip Agreement and Acknowledgment of Risk

In consideration of the services provided by ODFL, its agents, employees, chaperones, directors, officers, contractors, and all entities associated with it, I agree as follows:

I am familiar with the ODFL program I wish to attend. I have had all my questions about the program, including questions concerning the activities involved, the physical conditions, and the program's location, answered to my satisfaction. I understand that this program has risks, including certain risks that cannot be eliminated without fundamentally altering the unique character of the program. The following describes some but not all of those risks:

- ODFL programs involve travel out-of-doors, where participants are subject to numerous risks, environmental and otherwise. Activities vary from program to program, and may include hiking, backpacking, bike riding, transportation atop animals, and canoeing. Environmental risks and hazards include rapidly moving deep, or cold water; insects, snakes, and predators, including large animals; falling and rolling rock; lightning and unpredictable forces of nature, including weather which may change to extreme conditions without notice.
- ODFL programs involve over-seas travel exposing participants to flora and fauna not commonly found in the United States. All participants should visit a licensed travel doctor for appropriate immunizations.
- Travel may be by vehicle, canoe, on foot, bicycle, elephant, horse and by other means, over rugged, unpredictable, off-trail terrain which may include downed timber, rivers, river crossings, high mountain passes, slippery rocks, ocean tides and currents, and waves. Participant risks include falling, capsizing, and drowning.
- Possible injuries and illnesses include hypothermia, high altitude sickness, sunburn, heatstroke, dehydration, and other mild or serious conditions.
- ODFL programs frequently occur in remote places where communication and transportation are limited. Consequently, emergency evacuations and medical care may be delayed.
- ODFL personnel may be required to make decisions under difficult circumstances, based on perceptions and analyses that may be imprecise and subject to error.

I understand that this description of the risks involved is not complete, and that other unknown or unanticipated risks may result in property loss, injury, or death. As a condition of my participation in the program, I agree to assume full responsibility for all the risks that such participation may entail. My participation in this program is entirely voluntary, and I elect to participate with full knowledge of the inherent risks.

I understand that if I become ill or injured during the course of the program and I am unable to give my consent to medical treatment that a physician deems necessary, ODFL will make a reasonable attempt to obtain consent for treatment from the Emergency Contact(s) identified on the ODFL application before such treatment is commenced, unless my condition is such that treatment cannot be delayed for that purpose.

I represent that I am fully capable of participating in this program. Therefore, I assume and accept full responsibility for any injury, death, loss of personal property, and or/expenses that may result from my voluntary participation in this program, and I agree, to the fullest extent permitted by the law, to indemnify and hold harmless ODFL, from any and all damages, losses or liability that my result from my participation in the program, and/or from any medical care that I may receive during the program.

Trip Destination: _____ Dates: _____

Print Name: _____

Signature: _____ Date: _____

ODFL Medical History Form

Name: _____

List all medications prescribed within the last year. Circle those currently being taken and provide an explanation of use (attach a separate sheet if necessary):

Please describe any medical concerns we should be aware of (attach a separate sheet if necessary):

Do you have any allergies? If so, please describe:

Do you have any dietary restrictions or preferences? If so, please describe:

Medical History: Give dates where appropriate. Have any of these been recurring?

Frequent sore throats	Chicken pox	Heart trouble
Frequent colds	Diabetes	Sleepwalking
Sinusitis	Measles	Rheumatic fever
Ear infections	German measles	Constipation
Bronchitis	Mumps	Convulsions
Asthma	Knee or back injury	Menstrual problems
Frequent stomach upsets	Migraines/frequent headaches	Operations or serious procedures:
Serious poison ivy	Fainting	
Kidney trouble	Motion sickness	
Malaria	Altitude sickness	

To the best of my knowledge the information filled out about my child is correct and complete.

Signature: _____ Date: _____