

L. Russ Bush  
**Center for Faith and Culture**  
**Oxford Study Program**  
**July 10-26, 2017**  
**Southeastern**  
**Baptist Theological Seminary**

**Last Name:** \_\_\_\_\_

**First/Middle:** \_\_\_\_\_

**Student ID#:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip Code:** \_\_\_\_\_

**Contact Number:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**SSN:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Driver's License Number:** \_\_\_\_\_ **State of Issuance:** \_\_\_\_\_

**Full Name on Passport:** \_\_\_\_\_ **State of Issuance:** \_\_\_\_\_

**Passport Number:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Beneficiary/Relation\*:** \_\_\_\_\_ / \_\_\_\_\_

**Emergency Contact/Relation:** \_\_\_\_\_ / \_\_\_\_\_

**Emergency Contact Phone:** \_\_\_\_\_

**Pertinent Medical Conditions:** \_\_\_\_\_

**School Affiliation for course credit:**     SEBTS                     C@SE                     Spouse, not for credit

**-Continue on Back-**

***Application will not be accepted unless all sections are completed and signed.***

*\*(Please note: if you and your spouse are both participating in this Oxford Study Tour, please list a parent or child as beneficiary)*

## BACKGROUND CHECK AUTHORIZATION

The information contained in this application is correct to the best of my knowledge. I hereby authorize SEBTS and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to SEBTS or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

\*\*SEBTS and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## LIABILITY AGREEMENT

I \_\_\_\_\_ agree to be responsible for \$4,200.00 (\$3,200 after the \$1000.00 deposit) which is my portion of the costs of the 2016 Oxford Study Tour. I will reimburse SEBTS for expenditures on my behalf. I understand that SEBTS must purchase my airline ticket by May 1, 2017. In the event that I have not raised the \$1500.00 required to purchase my ticket by May 1, 2017, I understand that SEBTS WILL NOT purchase an airline ticket in my behalf. I also understand that if I fail to raise the \$4,200.00 needed, I will be dropped from this trip.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

SEBTS Representative Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Professor Approval Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Indemnity Agreement and Release

In consideration of my participation with the Oxford Study Program with Southeastern Baptist Theological Seminary during the dates of July 10-26, 2017, I, \_\_\_\_\_, a participant with Southeastern Baptist Theological Seminary academic project do hereby release, discharge and covenant to hold harmless Southeastern Baptist Theological Seminary, its officers, Trustees, employees, agents, advisors, administrators, heirs or assigns, (herein referred to as SAID PARTIES) from any and all claims, demands, damages, costs, expenses, actions and causes of action, present and future, on account of injuries to my person or property, and even injuries resulting in my death, arising out of or in connection with my participation in Southeastern Baptist Theological Seminary sponsored Oxford Study Program. \_\_\_\_\_ (Initial)

I agree and understand that Southeastern Baptist Theological Seminary considers its travel programs to be an extension of its campus, so the same behavior and expectations are expected by all team members as they would be on the SEBTS campus. Therefore, I agree to abide by its normal rules and regulations applicable during the period of foreign travel and study. I further understand that students participating in the aforementioned study tour are expected to exercise good judgment in taking safety and health precautions, in planning their time, in maintaining good conduct and in continuing their educational pursuits and I agree to do so. \_\_\_\_\_ (Initial)

In further consideration of my being permitted to participate with the Southeastern Baptist Theological Seminary Oxford Study Program, I, my spouse, my heirs and assigns hereby assume all and full responsibility for the risks, foreseen or unforeseen of personal injuries, death or property damage incurred while participating in the aforementioned activity. I further agree to indemnify SAID PARTIES for and hold them forever harmless from all claims, demands, damages, costs, expenses, actions and causes of action they or Southeastern Baptist Theological Seminary may incur as a result of my participation in the Oxford Study Program sponsored by Southeastern Baptist Theological Seminary. \_\_\_\_\_ (Initial)

It is hereby further agreed: that no promise or agreement not herein expressed has been made; that this release is not executive in reliance upon any statement or representation made by SAID PARTIES, or any of them, or by any person employed by or representing them, or any of them; that said consideration is the sole and only consideration for this Indemnity Agreement and Release; and that the terms hereof are contractual and not mere recitals. \_\_\_\_\_ (Initial)

This indemnity agreement and release shall be governed by the laws of the state of North Carolina.

**I HAVE READ THE FOREGOING INDEMNITY AGREEMENT AND RELEASE AND FULLY UNDERSTAND IT.**

I further state that I have carefully read this foregoing Indemnity Agreement and Release know and understand the contents thereof and I sign the same as my own free act.

Executed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Spouse (If Applicable)

**Oxford Study Program**  
**July 10-26, 2017**  
Application Form

**Submit to:** Center for Faith and Culture  
Southeastern Baptist Theological Seminary  
PO Box 1889  
Wake Forest, NC 27588

Student ID # (if you are a student)  _____
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**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Other:** \_\_\_\_\_

**Gender:** \_\_\_\_\_ **Nationality:** \_\_\_\_\_

**Miscellaneous Information (Medical, Dietary, etc.)**

\_\_\_\_\_  
**Passport Number:** \_\_\_\_\_

**(PLEASE MAIL US A PHOTOCOPY OF YOUR PASSPORT FOR THE AIRLINE NEEDS THE NAME THAT APPEARS ON YOUR PASSPORT. IF YOU DO NOT HAVE A PASSPORT YET, BE SURE AND SEND A COPY JUST AS SOON AS YOU RECEIVE IT.)**

**Your Travel Plans:**

- I plan to fly with the group from RDU
- I will arrange my own air travel. (Travel arrangements apart from the group dates will be the participant's responsibility. If you choose to purchase your own flight, your total balance to SEBTS will be \$3400)  
Date of Arrival at Oxford \_\_\_\_\_  
Date of Departure from Oxford \_\_\_\_\_

**Enclosed:** You will find my registration fee of \$1000 per applicant. (Make checks payable to SEBTS.)

**IF YOU DO NOT HAVE A CURRENT PASSPORT, APPLY NOW**

**REGISTRATION FORM:  
OXFORD 2017 STUDY PROGRAM  
JULY 10-26, 2017**

**Student Name** \_\_\_\_\_ **Student ID#** \_\_\_\_\_

**Please indicate the course(s) in which you will register for**

<b>Seminary Courses</b>	<b>Hours</b>
<input type="checkbox"/> Baptist History (HIS5130)	3 Hours
<input type="checkbox"/> Christian Philosophy (PHI5100)	3 Hours
<input type="checkbox"/> Church History (HIS5110)	3 Hours
<input type="checkbox"/> Theology of British Reformation	3 Hours

<b>College Courses</b>	<b>Hours</b>
<input type="checkbox"/> Baptist History	3 Hours
<input type="checkbox"/> Christian Philosophy	3 Hours
<input type="checkbox"/> Church History	3 Hours
<input type="checkbox"/> Theology of British Reformation	3 Hours

- When registering for your classes, remember that you can only receive up to 6 credit hours.
- This form must accompany the application. The price of the trip is the same whether you take classes or not.
- Registration for Oxford program courses is available only to trip participants.