EDUCATION ABROAD

SEATTLE UNIVERSITY

901 12th Avenue P.O. Box 222000 Seattle, WA 98122-1090 www.seattleu.edu/studyabroad T: (206) 296-2226 F:(206) 296-2491

NON-CREDIT BEARING SHORT-TERM FIELD STUDY

Return this form directly to your faculty program director.

PARTICIPANT INFORMATION

Full Legal Name (Last, First MI.): _____

SU ID: _____ **Gender:** _____

Date of Birth (mm/dd/year) : _____ **Ethnicity:** _____

Home Address: _____

Cell Phone: _____ **E-mail:** _____

SU College or School: _____ **Major(s):** _____

Current Status: (circle) frosh/soph/junior/senior/graduate **Status on Program:** (circle) frosh/soph/junior/senior/graduate

Citizenship:_____ **Home Phone:** _____

Passport #: _____ **Place of Issuance:** _____

Date of Issue (mm/dd/year) : _____ **Expiration Date** (mm/dd/year) : _____

PROGRAM INFORMATION

Program Title: _____ **Location** (City, Country): _____

Faculty Leader: _____ **Program Dates:** _____

WAIVERS & CONDITIONS

I understand that many off-campus study programs will accommodate students with disabilities with proper documentation. I understand that it is my responsibility to work with The Learning Center at SU and the Education Abroad Office well in advance of the program to provide the appropriate documentation.

I have read and agree to the aforementioned terms. ☐ Yes

AGREEMENT TO PARTICIPATE
ASSUMPTION OF RISK AND RELEASE

INFORMED, VOLUNTARY DECISION: I (print full name) _____have made an informed decision to participate in a study abroad program in _____ (country/ies). I acknowledge that my participation in this program is voluntary and not required as part of my academic program at Seattle University.

PROGRAM DESCRIPTION & RESPONSIBILITY FOR PREPARATION: I assume responsibility for all the elements necessary for my personal and academic preparation for the program and have participated fully in the preparation meetings. I have provided full and complete answers in connection with the application process, including the discernment and medical examination processes. I understand and accept all program details including requirements and costs described in program materials and written

and verbal communications from the faculty director and orientation meetings. I agree that if I cancel participation after the date specified, I will not be entitled to a refund.

ACKNOWLEDGEMENT AND ASSUMPTION OF RISK: I acknowledge that traveling to and residing in a foreign country involves risks such as accidents or illness, disease, poor sanitation, inadequate medical care and facilities, terrorism, accidents, crime, the hazards of travel by air, train, boat, and motor vehicle, natural disasters, and hazards arising from a wide variety of events and circumstances which cannot be enumerated. I should consult the United States State Department (www.state.gov) for all areas I plan to travel. I hereby personally assume all risks, whether foreseen or unforeseen, arising out of or in connection with my participation in the program, for any harm, injury or damage that may befall me while traveling or participating in any activities connected with the program and travel to and from the program site. I also understand that my baggage and personal property are at my risk entirely throughout the program and any travel incident thereto.

ACCEPTANCE OF CONDITIONS: I understand that living conditions may not meet the occupational health and safety standards found in the United States. I understand that Seattle University cannot monitor or control all of the daily personal decisions, choices, and activities of individual participants.

DISCLOSURE TO AND NOTIFICATION OF FAMILY: I hereby agree and consent that the University may, in its sole discretion, disclose to my parent(s), guardian(s), legal partner or spouse of record any incident, event or matter arising out of or relating to my participation in this trip including, but not limited to, voluntary or involuntary withdrawal, serious illness, injury and/or hospitalization, arrest, evacuation or other such matters. This authorization supersedes any prior written request for confidentiality I may have filed with the University.

EMERGENCY CONTACT

Name: _____
Address: _____ **City:**_____ **State:**_____ **Country:**_____
Daytime Phone: _____ **Evening Phone:** _____
E-mail: _____ **Relationship:** _____

INSURANCE REQUIREMENTS: I understand and accept that I will be automatically enrolled in the University's mandatory study abroad insurance program provided by HTH Worldwide and that this expense will be charged to my SU student account. Exceptions to this requirement may be granted by the Director of Education Abroad upon written proof of alternative insurance coverage that includes coverage for both emergency and non-emergency care, emergency medical evacuation, and other travel services that meets or exceeds the SU program characteristics two months prior to departure. I acknowledge that the University medical insurance plan may require me to pay cash for medical care and to seek reimbursement from the insurance carrier afterward. I have been advised to obtain travel insurance for my personal belongings.

PERSONAL CONDUCT: I understand and agree that the Seattle University Code of Student Conduct, Academic Policies and other University policies apply to my participation in the program. I accept responsibility for the effect my conduct has on the other participants, hosts, and me and agree to conform to standards of conduct consistent with the maintenance of the reputation of Seattle University. I will exercise reasonable care for my own safety on the program and throughout my participation. I understand that I am also responsible for complying with the terms of participation and emergency procedures of the program and for obeying host country laws while not necessarily enjoying the same privileges as the host country nationals. I understand that conduct considered unacceptable to Seattle University includes any behavior that disrupts normal program operation or endangers myself or others, but is not limited to excessive use of alcohol, fighting, abusive behaviors toward others, sexual harassment, criminal conduct of any kind, or participation in (vs. observation of) political activities, use of illegal drugs, or unwillingness to cooperate with University or host representatives.

TERMINATION: I understand that one of the consequences for non-compliance with the terms of this Agreement to Participate or any elements of the program description may be an early return to the United States at my own additional expense without refund of costs, and at the sole discretion of the trip leaders.

CHANGES IN PROGRAM: I agree that Seattle University and its employees or agents have the right to cancel or change any element of the program as circumstances require including but not limited to the right to change the faculty, the facilities, and the excursions. I understand that Seattle University cannot be responsible for additional travel costs or expenses that may result from

airline schedule changes, delayed or changed arrival or departure times, flight cancellations, natural disasters, crime, weather, illness, or other unforeseen events. I am responsible for all costs and expenses associated with my participation in the program, including these unexpected or unforeseen costs.

LIMITATION OF CONTROL: I understand that Seattle University cannot be responsible for the actions of persons not employed by the University, for events that are not part of the program, or that are beyond the control of the University, or for situations that may arise due to failure of a participant to disclose pertinent information.

HEALTH: I verify that I have no health-related conditions or problems that preclude me from participating. I acknowledge that certain immunizations may be recommended, and that I am responsible for obtaining all necessary immunizations. I accept responsibility for educating and informing myself and discussing with my health care provider diseases, illnesses, and other health concerns that may result from traveling abroad. I understand that additional information on health matters can be obtained from the Centers for Disease Control (www.cdc.gov) and the World Health Organization (http://www.who.int/en/).

I agree that Seattle University may but is not obligated to take any action it considers to be warranted under the circumstances regarding my health and safety. I authorize Seattle University to take any such action, including, but not limited to, admitting me to a hospital, consenting to the administration of anesthetics, the transfusion of blood and blood products, and surgery, and arranging for my medical evacuation. I agree to be fully responsible for any and all expenses, including transportation costs and medical expenses, associated with such actions, and hereby release and discharge Seattle University from any liability or responsibility for any injury, damage or expenses that might arise out of or in connection with such actions.

AUTHORIZATION TO USE IMAGE, VOICE: I give Seattle University permission to reproduce and use for educational or promotional purposes any and all photographs, videos, movies, or sound recordings taken of me during my participation in the program.

GOVERNING LAW: I agree that this Agreement will be construed in accordance with the laws of the State of Washington, and King County will be the forum for any legal dispute concerning my participation in the program.

RELEASE OF CLAIMS: I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby RELEASE and FOREVER DISCHARGE Seattle University, its employees, agents, officers, trustees, contractors and representatives (in their official and individual capacities) from any and all liability whatsoever for any and all damages, losses or injuries (including death) I sustain to my person or property or both, including but not limited to any claims, demands, actions, causes of action, judgments, damages, expenses and costs, including attorneys fees, which arise out of, result from, occur during or are connected in any manner with my participation in the program, any related or independent travel, and any activities, excursions, side trips or field trips in which I participate during the program, irrespective of whether or not they are sponsored, supervised or controlled by Seattle University in any manner.

INDEMNIFICATION AND HOLD HARMLESS: I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby agree to INDEMNIFY, DEFEND and HOLD HARMLESS Seattle University, its employees, agents, officers, contractors, trustees and representatives (in their official and individual capacities) from any and all liability, loss, damage or expense, including attorneys fees, that arise out of, occur during, or are in any way connected with or related to my participation in the program, any related or independent travel, and any activities, excursions, events or field trips in which I participate during the program, irrespective of whether or not they are sponsored, supervised or controlled by Seattle University in any manner.

I have carefully read and understand everything written above, and I voluntarily sign this Agreement to Participate, Assumption of Risk and Release. No representation, statements or inducements, oral or written apart from the foregoing statement have been made. I am at least 18 years of age and legally competent to sign this document.

Signature _____ Date_____