

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

Independent Study/Internship/Community Placement

Return this form directly to your faculty program director.

Participant Information

Full Legal Name (Last, First MI.): _____	
SU ID: _____	
Date of Birth (mm/dd/year) : _____	Gender: _____ Ethnicity: _____
Home Address: _____	
Cell Phone: _____	E-mail: _____
SU College or School: _____	Major(s): _____
Current Status: (circle) frosh/soph/junior/senior/graduate	Status on Program: frosh/soph/junior/senior/graduate
Citizenship: _____	Home Phone: _____
Passport #: _____	Place of Issuance: _____
Date of Issue (mm/dd/year) : _____	Expiration Date (mm/dd/year) : _____

AGREEMENT TO PARTICIPATE ASSUMPTION OF RISK AND RELEASE

INFORMED, VOLUNTARY DECISION: I, (print full name) _____, SU ID # _____, have made an informed decision to conduct an independent study project, community placement or internship outside the United States during the period of (exact dates abroad) _____ in the following location(s) (institute, university, research center, clinic in cities, countries):

_____.

I acknowledge that although a Seattle University faculty member (print name and department or N/A): _____ or student organization (print organization name or N/A): _____ may have facilitated a placement at the above listed location, I have researched and elected to participate in an independent study/internship experience with foreign institutions and individuals over which Seattle University has no direct control or oversight. I acknowledge that my participation in this particular experience is voluntary and is not required as part of my academic program at Seattle University. I choose to participate.

LIMITATION OF CONTROL: I understand that the faculty member, student organization listed above and Seattle University cannot be responsible in any way for my actual activities overseas. I will negotiate the daily experiences of the project on-site myself. I further acknowledge that by providing a possible conduit for academic credit or by simply recognizing the student organization (if listed above) Seattle University makes neither endorsement of, nor any representations or warranties with respect to the quality, safety, content or appropriateness of my experience. I understand that Seattle University cannot and does not monitor or control any of the daily personal decisions, choices and activities of individual participants themselves nor those of foreign institutions and individuals involved in the placement.

DESCRIPTION: I understand and accept all details including but not limited to the following: that I am responsible for arranging my own travel arrangements to and from the site; that I am responsible for locating and selecting a safe place to stay, safe places to eat and the places where I conduct my project and that Seattle University has not screened, selected or endorsed any accommodations, eating establishments or other facilities.

RESPONSIBILITY FOR PREPARATION: I assume responsibility for all the elements necessary for my personal preparation for the independent study/internship experience. I have read the United States Department of State (www.state.gov) consular information about the host country which is available on-line and incorporated this information into my decision. I have provided full and complete answers in the discernment and medical examination process.

DISCLOSURE TO AND NOTIFICATION OF FAMILY: Unless the University has received a prior written statement to the contrary, 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.

Emergency Contact:

Name: _____

Address: _____

Phone (days): _____ **E-mail:** _____

Relationship: _____

ACKNOWLEDGEMENT OF RISK: I acknowledge that residing outside the United States and traveling to the independent study/internship experience 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.

ACCEPTANCE OF CONDITIONS: I understand that academic facilities and working conditions abroad may not meet the occupational health and safety standards found in the United States. Further, I understand and accept that my choice of independent study/internship placement may expose me to diseases and to unsanitary living conditions. I am responsible for exercising reasonable care in maintaining my own safety throughout my participation in the independent study/internship experience.

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 independent study/internship experience.

ACADEMIC CREDIT: I understand and accept that an independent study/internship does not constitute a Seattle University study abroad program. Independent study/internships are subject to all regular Seattle University academic policies.

INSURANCE REQUIREMENTS: I understand that I am required to have Seattle University's mandatory study abroad insurance during the entire duration of my experience and that my student account will automatically be billed for the insurance at the published rate. Please see "insurance requirement" on the Education Abroad website for details.

HEALTH: I verify that there are no health-related conditions or problems that preclude me from participating. I acknowledge that certain immunizations are 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 living and working abroad. I have reviewed the Center for Disease Control Travelers' Health recommendations for immunizations and health risks (<http://www.cdc.gov/travel/>) and understand the specific health risks associated with my choice of study site.

PROVOST'S TRAVEL POLICY: I understand and accept that in accordance with University policy the Provost may cancel any travel planned or conducted by any organization affiliated with Seattle University if the United States Department of State issues a travel warning or if other conditions compromise the health and/or safety of participants.

PERSONAL CONDUCT: I accept responsibility for the effect my conduct has on other participants, hosts, and me and agree to conform to standards of conduct consistent with the maintenance of the reputation of Seattle University. I understand and agree that the Seattle University Code of Student Conduct and other University policies apply to my activities and participation in the independent study/internship experience.

I understand that I am also responsible for complying with these terms of participation and emergency procedures adopted by Seattle University 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 host representatives.

ASSUMPTION OF RISK: I acknowledge that risks of travel include possible political and social upheavals and terrorism, and that 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 independent study/internship experience, for any harm, injury or damage that may befall me while participating in any activities connected with the independent study/internship experience and travel to and from the site. I also understand that my baggage and personal property are at my risk entirely throughout the independent study/internship experience and any travel incident thereto.

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

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 attorney's fees, which arise out of, result from, occur during or are connected in any manner with my participation in the independent study/internship experience, any related or independent travel, and any activities, excursions, side trips or field trips in which I participate during the independent study/internship experience, 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 independent study/internship experience, any related or independent travel, and any activities, excursions, events or field trips in which I participate during the independent study/internship experience, 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: _____

Printed Name: _____

Return to:

LAW Students: Junsen Ohno, International Programs Administrator, SLLH 4th Floor, 398-4283
Others: Education Abroad Office, Xavier Global House 181

Required Attachments:

- **Non-Credit community placements, externships, internships, projects:** A copy of your acceptance or placement letter.
- **Credit-bearing independent study Directed/Independent Study or Internship Request** (<http://www.seattleu.edu/registrar/>) or appropriate graduate school equivalent.
- **Health Information Form,** <http://www.seattleu.edu/studyabroad/file.aspx?ID=3270> .