

**Statement of Responsibility, Release and Authorization
to Participate in a SIUE Travel Study Program**

I, _____, agree to participate in the University's Travel Study Program to _____ during the _____ Semester of 20 _____. My participation in this Program is wholly voluntary.

1. **Acknowledgement and Assumption of Risks of Study Abroad:** I understand that participation in the University Travel Study Program specified above involves risks not found in study at SIUE. These risks include risks of property damage and bodily or personal injury, including injury that may prove fatal, to myself or others. These include risks involved in traveling to and within, and returning from, one or more foreign countries; foreign political, legal, social and economic conditions; different standards of design, safety and maintenance of buildings, public places and conveyances; local medical and weather conditions. There may be risks specific to the host country and I understand that I may access up-to-date information about the host country compiled by the U.S. State Department at <http://www.state.gov/travel>. I understand that the Board of Trustees of Southern Illinois University, a body politic and corporate of the State of Illinois, on behalf of Southern Illinois University Edwardsville and its members individually, and its officers, employees, agents, and representatives (hereinafter "SIUE") cannot and does not assume responsibility for any such personal injuries or property damage. Knowing the dangers, hazards, and risks of such activities, and in consideration of being permitted to participate in the Program and for SIUE arranging said participation, I agree to assume and all risks and responsibilities surrounding my participation in the Program, the transportation, and in any independent research or activities undertaken as an adjunct thereto, including all risks I encounter while I am traveling independently or am otherwise separated or absent from and SIUE-sponsored activities.
2. **Health and Health Insurance:** I hereby assure SIUE that I have consulted with a qualified medical doctor with regard to my personal needs such that I can and do further state that there are no health-related reasons or problems with preclude or restrict my participation in this Program. I am aware of all applicable personal medical needs. I absolve SIUE of all responsibility and liability for any injuries, illnesses, claims, damages, charges, bills and/or expenses I may incur while I am abroad. I understand it is my responsibility to secure sufficient and adequate health insurance coverage. I understand that I am financially responsible for all of my medical expenses, costs of medical evacuation, and repatriation, whether covered by insurance or not. I agree to report to the University's Travel Study Coordinator any physical or mental condition I have which may require special medical attention or accommodation during the Program at least 15 days prior to departure. The Coordinator for this travel study is: _____.

I further agree that SIUE is granted permission to authorize emergency medical treatment, if necessary, and that such action by SIUE shall be subject to the terms of this Agreement. I understand and agree that SIUE assumes no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment.

3. **Travel Study Changes:** I understand that SIUE reserves the right to make changes to the travel study itinerary at any time and for any reason, with or without notice, and SIUE shall not be liable for any loss whatsoever to participants by reason of any such cancellation or change. SIUE is not responsible for penalties assessed by air carriers that may result due to operational and/or itinerary changes, regardless of whether the participant or SIUE makes a flight arrangement. I agree to pay any additional expense resulting from program changes.

I accept all responsibility for loss or additional expenses due to delays or other changes in the means of transportation, other services, or sickness, weather, strikes, or other unforeseen causes. If I become detached from the travel study group, fail to meet a departure bus, airplane, or train, or become sick or injured, I will at my own expense seek out, contact, and reach the travel study group at its next available destination.

The right is reserved by SIUE, in its sole discretion, to cancel the Program or any aspect thereof after departure, requiring that all participants return to the United States, if SIUE determines or believes that any person is or will be in danger if the Travel Study Program or any aspect thereof is continued.

4. **Institutional Arrangements:** I understand and acknowledge that SIUE assumes no responsibility or liability, in whole or in part, for any delays, delayed or changed departure or arrival times, fare changes, dishonors of hotel, host families, airline or vehicle rental reservations, missed carrier connections, sickness, disease, injuries (including death), losses, damages, weather, strikes, acts of God, circumstances beyond the control of SIUE, force majeure, war, quarantine, civil unrest, public health risks, criminal activity, terrorism, expense, accident, injuries or damage to property, bankruptcies of airlines or other service providers, inconveniences, cessation of operations, mechanical defects, failure or negligence of any nature howsoever caused in connection with any accommodations, restaurant, transportation, or other service or for any substitution of lodging or of common carrier beyond SIUE's control, with or without notice, or for any additional expenses occasioned by any of the foregoing. If due to weather, flight schedules or other uncontrollable factors I am required to spend additional nights, SIUE will not be responsible for my hotel, transfers, meal costs or other expenses. My baggage and personal property is transported at my risk entirely.
5. **Standards for Conduct:** SIUE reserves the right to decline to accept or retain me in the travel study at any time should my actions or general behavior impede the operation of the Program or the rights or welfare of any person. I shall comply at all times with all SIUE's policies, rules, standards, and instructions for student behavior, even if I am not a student at SIUE. Similarly, if my conduct violates any policy, rule, standard, instruction, or procedure of SIUE, I understand that I may be required to leave the Program, as determined in the sole discretion of SIUE. In such an event, no refund will be made for any unused portion of the Travel Study Program.

I understand that each foreign country has its own laws and standards of acceptable conduct, including dress, manners, morals, politics, drug use and behavior. I recognize that behavior which violates those laws or standards could harm SIUE's relations with those countries and the institutions therein, as well as my own health and safety. I will become informed of, and will abide by, all such laws and standards for each country to or through which I will travel during the Program.

I acknowledge and understand that I shall personally attend to any legal problems I encounter with any foreign nationals or government of the host country using my own personal funds. SIUE shall not be responsible for providing any assistance under such circumstances.

6. **Release of Claims, Waiver of Liability, Covenant Not to Sue:** For the sole consideration of SIUE arranging for my voluntary participation in the Program, I hereby waive liability, release, indemnify, hold harmless, covenant not to sue, and forever discharge SIUE from any and all liability, claims, demands, rights, and causes of action of whatever kind, arising from or by reason of any personal injury, property damage, or the consequences thereof, whether caused by the negligence or carelessness of SIUE or otherwise, resulting from or in any way connected with my participation in the Program.
7. I understand that acceptance of this signed *Participation Agreement Form* by SIUE shall not constitute a waiver, in whole or in part, of sovereign immunity by SIUE; that it binds me and my heirs, executors, administrators, and assigns; that it shall be construed in accordance with the laws of Illinois; and that if any of its terms or provisions are held illegal, unenforceable, or in conflict with any law, the validity of the remaining portions shall not be affected thereby.

8. I hereby acknowledge that I have read, understand and will abide by each of the terms and conditions of this Agreement. I understand it is a legal contract and affects any rights I have if I am injured or otherwise suffer damages as a result of participation in this Travel Study Program.

Signature of Participant: _____ Dated: _____

Name (Printed): _____

Date of Birth: ____/____/____

Signature of Witness: _____ Dated: _____

Printed Name of Witness: _____

(If you are under 18 years of age, your parent or guardian must sign this Agreement on your behalf. We reserve the right to require proof of age.)

The above-named person is under 18 years of age. I am the parent or legal guardian of the above Participant, have read the foregoing Release Form (including such parts as may subject me to personal financial responsibility), am and will be legally responsible for the obligations and acts of the Participant as described in this Release Form, and agree, for myself and for the Participant, to be bound by its terms.

Signature of Parent/Guardian: _____

Date: _____

Revised: Aug 2006