

# SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE

## Participant Agreement and Release Form SIUE Approved Semester Long Study Abroad

Student's Name: \_\_\_\_\_ SIUE ID #: \_\_\_\_\_

Study Abroad Program: \_\_\_\_\_

Location: \_\_\_\_\_

Semester and Year of Study Abroad: \_\_\_\_\_

Study abroad provides unique opportunities for academic achievement and personal growth. Study abroad also entails special risks. Please discuss both aspects of your prospective study abroad experience with your study abroad advisor if you have questions or concerns. This release form specifies certain areas of risk that you should know about before you decide to participate in a study abroad program.

I hereby agree as follows:

**1. Acknowledgement and Assumption of Risks of Study Abroad:** I understand that participation in the Study Abroad 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; acts of terrorism; 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 hereby agree to assume any 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. I have made my own investigation and I am willing to accept these risks.

**2. Institutional Arrangements:** I understand, acknowledge, and agree that SIUE does not represent or act as an agent for, and cannot control the acts or omissions of, any study abroad program provider, host institution, host family, transportation carrier, hotel, tour organizer, or other provider of goods or services involved in the Study Abroad Program.

**3. Limits of Responsibility:** I understand, acknowledge, and agree that the SIUE cannot and does not:

- Guarantee the safety of participants or eliminate risk from the study abroad environment.
- Monitor or control daily personal decisions, choices, and activities of individual participants.
- Prevent participants from engaging in illegal, dangerous or unwise activities.

**4. 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 which 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.

**5. Standards for Conduct:** I shall comply at all times with all SIUE policies, rules, standards, and instructions for student behavior. If my conduct violates any policy, rule, standard, instruction, or procedure of SIUE, I understand and agree that my study abroad enrollment at SIUE may be cancelled, as determined in the sole discretion of SIUE and that any funds paid to SIUE by me for the study abroad program may be forfeited. 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. Severability, Controlling Law, Binding Effect:** I understand that acceptance of this signed *Participant Agreement and Release 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. Emergency Contact:**

In case of emergency, please list the name and contact information of someone you would like for us to notify.

_____	_____
Contact Name	Relationship to Participant
_____	_____
Home Phone	Work/Cell Phone

I grant consent to SIUE to talk to my parent(s) or emergency contact before or during my study abroad program for necessary administrative, health, or safety reasons related to my study abroad program.

**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 Study Abroad Program.**

Signature of Participant: \_\_\_\_\_ Dated: \_\_\_\_\_

Name (Printed): \_\_\_\_\_