Statement of Responsibility, Release, Indemnification, and Authorization to Participate in an International Study Program

I_____________________, am a student at Eastern Connecticut State University (ECSU). I have agreed to participate in an International Study Program sponsored by ECSU. I understand and hereby acknowledge that my participation in the program is wholly voluntary. In consideration of being allowed to participate in the program, I hereby agree as follows (please initial on the line at left after reading each section of this agreement and declare the study abroad destination where applicable):

__________________, I have been advised and am aware of the inherent and/or latent danger (including, but not limited to: risk of injury, the hazards of travel, accident, illness, or acts of God) of participating in the International Study Program. I am aware and have been advised to have a medical examination prior to participating in this activity to ensure that I am in good physical health and will submit a current copy of my domestic health insurance policy. Furthermore, I hereby represent and warrant that I am and will be covered throughout the duration of the program by (name of health insurance)__________a policy of comprehensive international health, accident, evacuation, and repatriation insurance which provides coverage for injuries, illnesses, or emergencies I may sustain or experience overseas. I will give a copy of the University recommended insurance to the International Programs assistant prior to program departure. If I am ineligible for the University recommended insurance, I will purchase an alternative international health and emergency insurance as advised by the International Programs assistant during the pre-departure orientation. By my signature below, I certify that my international health insurance policy will adequately cover me while outside the United States and absolve ECSU and the host institution of all responsibility and liability, except for that which arises out of the negligent acts or omissions of the university or its employees, for any injuries (including death), illness, claims, damages, charges, bills/expenses I may incur while I am abroad. I agree to report to the university any physical or mental condition I have which may require special medical attention or accommodation during the program at least (30) days prior to departure.

__________________, I understand this is a university program and standards of both the home and host institution(s) (if any) must be observed. I accept that the university reserves the right to decline to accept or retain me in the program at any time should my actions or general behavior impede the operation of the program or the rights or welfare of any person. Similarly, if my conduct violates any ECSU or host institution (if any) policy or procedure, I understand that I may be required to leave the program at the sole discretion of the employees, agents, or representatives of ECSU, and I may be referred to the appropriate ECSU officials for further disciplinary or other actions. In such an event, no refund will be made for any unused portion of the program. ECSU reserves the right, in its sole discretion, to cancel the program or any aspect thereof after departure and may require that all participants return to the United States, if ECSU determines or believes that any person is, or will be, in danger if the program or any aspect thereof continued.

__________________, I understand that ECSU reserves the right to make changes to the program itinerary at any time and for any reason, with or without notice, and ECSU shall not be liable for any loss whatsoever to me by reason of any such cancellation or change. ECSU is not responsible for penalties assessed by air carriers that may result due to operational and/or itinerary changes, regardless of whether ECSU makes a flight arrangement. I will pay any additional expense resulting from the above. ECSU reserves the right to substitute hotels, accommodations, or housing of a similar category at any time, as specific room and housing assignments are within the sole discretion of ECSU.

__________________, I understand and acknowledge that the university assumes no responsibility or liability, except for that which arises out of the negligent acts or omissions of the university and its employees, in whole or in part, for any delays, canceled or changed departure or arrival times, fare changes, dishonored hotel, airline, or vehicle rental reservations, missed carrier connections, sickness, disease, injury (including death), losses, weather, strikes, acts of God, circumstances beyond the control of the university, force majeure, war, quarantine, civil unrest, public health risks, criminal activity, terrorism, accident, damage to property, bankruptcies of airlines or other service providers, inconveniences, cessation of operations, mechanical defects, failure or negligence of any nature however caused in connection with any accommodations, restaurant, transportation, or other services or for any substitutions of hotels or common carriers beyond the university’s control, with or without notice, or for any additional expense occasioned by any of the foregoing. If due to weather, flight schedules, or other uncontrollable factors I am required to spend additional nights in travel status, the university will not be responsible for my hotel, transfers, meal costs, or other expenses. My baggage and personal property are transported at my risk entirely.

__________________, I understand and hereby acknowledge that I have received and read the U.S. Consular information packet, as well as the Centers for Disease Control and Prevention’s (CDC) information on travel to, in, and around (see page 5 of student application form)_____________________: that I am aware of and understand the dangers to my own health and personal safety posed by the use of public transportation, and by civil unrest, political instability, terrorism, crime, and disease in_____________________: I hereby assume, knowingly and voluntarily, each of these risks and all other risks that could occur during my travels to, from, in, or around______________.

__________________, I understand that I bear full legal and financial responsibility for all indebtedness or other legal obligations incurred by me while a program participant.

__________________, In the event of sickness or injury, I hereby authorize the Program Director of the host institution, or his or her designee, to secure whatever medical treatment is deemed necessary, including admission to hospital, the administration of anesthetics, the transfusion of blood, or surgery.

__________________, In the event of an emergency, I will call Eastern Connecticut State University’s police department who will activate the necessary emergency procedures.

__________________, I agree that this Waiver, Release, and Indemnification Agreement is to be construed under the laws of the State of Connecticut, U.S.A.; and that if any portion of it is held invalid, the balance thereof shall, notwithstanding, continue in full legal force and effect. In signing it I am giving up substantial legal rights I might otherwise have, and that I have signed it knowingly and voluntarily.

Student Signature: ________________________________

Student I.D. Number: ________________________________

Phone: ________________________________

City/State: ________________________________

Witnessed by

Dr. Petoskey/Designee