GSW | GEORGIA SOUTHWESTERN OFFICE OF PROFESSIONAL AND EXPERIENTIAL LEARNING

Agreement for Participation in GSW Study Abroad and Study Away Programs

I, a participant in the Georgia Southwestern State University (hereinafter "University") Study Abroad and Study Away program (hereinafter "Program"), hereby agree and represent as follows:

1. I am in academic and social good standing and give permission to the coordinator for my study away program to check my academic and disciplinary records to confirm my eligibility for the program.
2. I will comply with GSW's student conduct regulations throughout the duration of my participation in the Program, as well as the standards of conduct of any host organization or university. I agree that the Program Director shall have the right to enforce appropriate standards of behavior and that I may be dismissed from the Program at any time for failure to comply with such standards. I understand that as a GSW student taking part in a Study Abroad/Away experience, I will be subject to the laws of the study location, which may be different from the State of Georgia.
3. I understand and acknowledge that there are inherent health risks associated with traveling. I agree that I am personally responsible for obtaining all health information, instruction, medical procedures, immunizations, and medications appropriate to my intended travel. I recognize that the University is not responsible for any of my medical needs, and I assume all risk and responsibility related thereto. I further agree that if I become incapacitated, the University may take whatever action deemed necessary with respect to my health and safety. I authorize the University to place me, at their discretion and without my further consent, in a hospital or in the care of a local doctor for medical services and treatment. If necessary or as deemed appropriate, I also authorize the University to transport me by commercial airline or other transportation for medical treatment. I agree that I will be fully responsible for any and all expenses, including transportation costs, associated with or in any way related to my medical care.
4. I understand that I may be subject to theft or loss of property while traveling, that I should take reasonable precautions to guard my property, and that I am responsible for the security of my possessions.
5. I understand that if I operate a motor vehicle that is my own, or a rental during the program, I recognize that the University assumes no financial responsibility for any property damage, or injury of any kind related to

my operation of a motor vehicle, including, but not limited to, automobile repairs and medical care if I am involved in an accident; and that I participate in these activities at my own risk.

6. I understand that if I engage in recreational activities outside of the Program during free time, the University assumes no responsibility for my safety or any liability for costs or difficulties that I may incur, and that I participate in these activities at my own risk.
7. I understand that I am expected to leave the place of residence used during the Program in good condition and that I am responsible for any cleaning fees and/or cost to repair any damage that occurs in my place of residence during my stay. I realize that the Program and the University are not responsible nor liable for any property damage and losses which I may incur while traveling.
8. I understand that if my participation in the Program is terminated by the University, I will be dismissed with no refund of fees. If I am dismissed before completion of the Program, I agree that I will be responsible for any and all costs and expenses associated with my return home, and that I will also be responsible for my own travel arrangements home. I also understand that if I leave the Program voluntarily for any reason, including illness, I will be responsible for any and all costs and expenses associated with my return home and that there will be no refund of any fees.
9. I understand that participating in a study away program requires my commitment to focus and engage in the learning goals and activities of the program. I will conduct myself in a manner that reflects well on myself, the group with whom I am sharing this experience, and my University that I represent. I understand that any behavior on my part that fails to meet the program's standards, in the sole discretion of the leader(s) of the program, may result in my dismissal from the program, at my own expense and without a refund.
10. I understand that I am expected to abide by the alcohol and drug laws of the state(s), country or countries where they are studying or traveling. It is the responsibility of students to learn and understand the laws and regulations of their host country or countries. Regulatory information for various countries is available at the U.S. State Department's "Consular Information Sheets".
11. I understand that alcohol and/or drug misuse or abuse also will not be tolerated and may lead to expulsion from the study away program at the student's expense and without any refund. In addition, the student may face removal from Georgia Southwestern State University, or his/her home institution if a transient student, and other disciplinary action. Alcohol misuse is defined as alcohol consumption that is harmful or potentially harmful to the program participant or others, which includes causing illness resulting in tardiness or absence from scheduled program events.

12. I agree that, should any provision or aspect of this agreement be found to be unenforceable, that all remaining provisions of the agreement will remain in full force and effect.

Release, Waiver of Liability and Covenant Not to Sue

I hereby acknowledge my awareness that my participation in the Program may expose me to risk of property damage and bodily or personal injury, including death. I understand that the risks that I may encounter include but are not limited to transportation accidents, political unrest and terrorist incidents, criminal acts and illnesses, as well as other risks that may not be foreseeable. I have been informed and understand that there are inherent risks and dangers involved in the Program. I knowingly and freely assume any and all such risks and voluntarily participate in the Program. The Undersigned does hereby release, waive, discharge, indemnify, covenant not to sue, and agree to hold harmless for any and all purposes Board of Regents of the University System of Georgia, by and on behalf of, the Georgia Southwestern State University, and their employees, officers, or agents from any and all liability, claims, demands, causes of action, suits, losses, damages, expenses, property damage, property loss or theft, costs (including court costs and attorneys' fees) or injury, including death, of any and every nature and description whatsoever, whether known or unknown, foresee or unforeseen, that may be sustained by the Undersigned while participating in any University activity abroad whether caused by the negligence of the University and its employees, officers, or agents or otherwise. The Undersigned understands and intend that this Assumption of Risk and Release is binding upon the Undersigned and their heirs, executors, administrators and assigns.

I certify that I am at least 18 years of age or, if not, that I have secured below the signature of my parent(s) or legal guardian(s) as well as my own. This consent is given freely and voluntarily by me without coercion, distress, threat or promise of any kind.

I certify that I have read and understood the above.

_____

Printed Name

_____

Signature

_____

Parent/Guardian Signature (Participants under 18)

Addendum 1: Emergency Contact and Medical Information

Emergency Contact #1:

Emergency Contact Name: _____

Relationship (Parent, Guardian, Sibling): _____

Emergency Contact Phone Number: _____

Emergency Contact Home Address: _____

Emergency Contact #2:

Emergency Contact Name: _____

Relationship (Parent, Guardian, Sibling): _____

Emergency Contact Phone Number: _____

Emergency Contact Home Address: _____

Medical Information

Date of Birth: _____

Allergies: _____

Current Medications: _____

Special Health Concerns (dietary, chronic illness, etc):

_____

Other Relevant Information: _____

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