



**Statement of Understanding, Responsibility, and Risk
for Study Abroad Programs**

I, _____, have voluntarily decided to study abroad during _____
(summer or semester/year) at _____, a study abroad/exchange program of
my choice.

I acknowledge there are cultural and educational benefits to this study abroad/exchange program that are likely to enhance my educational experience but that my participation in the program is elective and that no one is requiring me to participate in this program. I further acknowledge that to the extent that this program generates course credits, I have the option of completing alternative courses in lieu of participating in this program.

I acknowledge that after careful personal review, I understand the full scope of activities, risks, limitations, and potential benefits associated with this program.

In consideration for the opportunity to participate in this program, I voluntarily and without reservation and on behalf of myself, my heirs, and my estate, hereby release, waive, discharge, and hold harmless Stephens College, its trustees, officers, agents, and employees (hereinafter referred to as Releasees) from any and all liability, claims, demands, actions and/or causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, whether caused by the negligence of the Releasees, or otherwise, while participating in the program, or while in, on, upon, or en route to/from the locations where the program is being conducted. I further agree to indemnify and hold harmless the Releasees from any direct or indirect loss, liability, damage or costs, including court costs and attorney's fees that may incur due to my participation in the program. It is my express intent that this release shall bind members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be deemed as a

release, waiver, discharge, and covenant not to sue the Releasees. I hereby further agree that this agreement shall be construed in accordance with the laws of the State of Missouri.

Behavioral Expectations

I am aware of the behavior that is expected of me while participating in the study abroad program. I hereby assure Stephens College that I will conduct myself in a professional and appropriate manner at all times, both when I am in the company of other program participants, staff and students at the host institution, and also when I may be physically separated from other program participants or staff. I agree that the program may have in place specific rules and responsibilities or may promulgate the same from time to time and shall have the right to enforce such. I understand that the program may at any time terminate my participation for failure to maintain these standards or for any actions or conduct which the program considers to be incompatible with the interests, harmony, comfort, and/or welfare of the program or the other students participating in the program. If my participation is terminated, I consent to be returned to my home and at my own expense with no refund of any fees.

I acknowledge and understand that I am responsible for maintaining a full-time course of study, taking at least 12 hours per semester. (Or at least 3 semester credit hours for summer programs). I know I must attend all classes, take all examinations, and do all of the assigned work. I am responsible for the classes that I have chosen, and such classes have been approved by the appropriate academic advisor. I realize that, if I take a selected course without proper approval, the class credits may not be applicable towards my degree. Further, I am fully aware and understand that, if, while abroad, I don't take the necessary courses and earn the required credits towards progress in my degree program, I may not graduate as anticipated.

Legal Issues

I understand that I will be the subject to the laws of the host country. I acknowledge and understand that, should I fall into any legal problems with any foreign nationals or governmental jurisdictions of the host country, or any country in which I travel, I will attend to the matter personally with my own funds.

I am aware that in many countries the penalty for the possession of illegal drugs is imprisonment and sometimes death and that neither Stephens College nor the American Embassy is able to help. Among other things, possession of illegal drugs or related paraphernalia may be grounds for immediate termination from the program. If terminated for these reasons, I will be sent home at my own (parent's/legal guardian's) expense.

Medical Responsibilities

Understanding and Waivers: I understand that there are certain risks inherent in international travel and even greater risks in a study abroad program, which may include additional travel. I further understand that serious injuries occasionally occur during participation in travel, and participants in activities associated with travel occasionally sustain mortal or serious personal injuries, property damage, or severe economic and social loss as a consequences of not only their own actions or negligence but the actions of others or the conditions of travel or equipment used, and that there may be other risks not known to me or not reasonably foreseeable at this time.

I understand that the Releasees cannot assume responsibility for any of my activities whether or not related to the program. I hereby release, waive, and discharge Stephens College, its directors, faculty, and agents from all liability to the undersigned, his/her personal representative, assigns, heirs, and next of kin for any medical loss, damage, or injury, and claim of demand to the undersigned while participating in this program.

Health: I am aware of my personal medical needs and I have consulted with a medical doctor as I deemed necessary. I clarify that to my knowledge I currently have no medical problems that would adversely affect my participation in the program or travel related to the program.

Insurance: I shall obtain and maintain health insurance which is satisfactory to Stephens College and provides, at a minimum, coverage for the time period of the Program.

Medical Matters: I shall consult with my physician in regard to necessary immunizations and any other medical matters relating to my participation in the program.

Hospitalization: I am aware that, should I require hospitalization while in the host country, Stephens College cannot and does not assume any legal responsibility for payment of such costs. I hereby assure Stephens College that I have assumed all risks and responsibilities, and that I

have adequate medical insurance to meet any and all needs for payment of medical costs during the study aboard/exchange program including during travel segments, if any.

Other Items

I acknowledge that it is my personal responsibility to conduct all due diligence and obtain all documents required for entering my host country, or any foreign country, and that my failure to obtain these documents does not constitute grounds for withdrawal with refund, except if the host country has refused an entry visa after following all of the other procedures. I am responsible to attain applicable visa and endorsements. I agree to all study abroad fees and to act in a timely manner.

Without additional consideration, I give Stephens College, in perpetuity, my permission to use, for promotional purposes, any photographs or videos taken in the course of my participation in the program.

I agree that Stephens College reserves the right to make cancellations, changes, or substitutions in the event of emergencies or changed conditions, or in the interest of the group. Upon twenty-four hours notice (by posting to the website, written notice or other wise), Stephens College shall have the right at any time to revise all or part of the rules and responsibilities associated with any study abroad/exchange program. Stephens may also adjust related fees as deemed appropriate by the College.

Stephens College Obligations

Stephens will allow me to enroll in the study abroad program if I meet the eligibility requirements of Stephens and the Program and pay all of the fees in a timely manner.

Stephens will provide the personnel and/or resources required by the Program. Upon satisfactory completion of the Program, Stephens will grant me the credits earned for participation in the Program.

Signature

I understand that this agreement applies to my entire participation in the program including any excursions. I acknowledge that I have read this document in its entirety, understanding its significant legal consequences, and that I sign it voluntarily.

Name of Student

Date

Student Signature

If under the age of 18:

Parent/Guardian Name

Date

Parent/Guardian Signature