

CC STUDENT AGREEMENT AND TRAVEL RELEASE

In consideration of my selection for participation in a Casper College (CC) Study Abroad program , hereby agree to the following conditions of responsibility:

1. I acknowledge that as a guest in a host country or with a host family, I will strive to understand and respect norms of conduct and patterns of the host culture. I agree to represent the College responsibly and to abide by dress and cultural codes suitable to the cultures visited.
2. I agree to abide by all policies and regulations of the host institution/Program that I am attending and/or the regulations of the Casper College. I understand that as a participant in a study abroad, I remain enrolled at the College and will continue to abide by all College policies, rules or regulations outlined in the *Student Handbook*. I understand that the College has the right to, and will, withdraw me from the program at any time if, in the judgment of the Vice President for Student Services, on the advice of the Program Director, I have violated such policies, rules or regulations or have engaged in disruptive behavior, academic infractions, or conduct which could bring the program into disrepute or disrupt the operation of the program. I agree, specifically, that I will have no involvement with illegal drugs, will not engage in illegal or abusive use of alcohol, and will participate in all classes and scheduled activities. I agree further that a decision to withdraw me from the program is final and that I am not entitled to any refund.
3. I further agree that the College may withdraw me from the program and send me home at any time during the program at my expense if the College determines that my continued participation in the program will adversely affect my health, safety or welfare, or the health, safety, welfare or enjoyment of the program by others. I agree further that a decision to withdraw me from the program is final and that I am not entitled to any refund.
4. I understand that the procedures outlined in this section for dealing with discipline and well-being are different than those outlined in the *Student Handbook*, and I agree that the procedures outlined in this agreement shall apply while I am a participant in a study abroad program. Further, I understand that a determination made by the Vice President for Student Services may be the basis for further disciplinary action by the College, in addition to causing my withdrawal from the program.
5. I understand and agree that in order to be assessed and receive credit for academic work completed while studying off campus, I must participate fully in the program. I also recognize that I am expected to complete the entire program and may forfeit credit should I choose to arrive after the program begins or leave the program early without the prior consent of the Program Director, and/or the host institution, and the Vice President for Student Services.
6. I agree to indemnify and hold the College harmless from and against all claims and actions for property damage or personal injury sustained by me or any other person or entity, which arise out of my participation in the program, including but not limited to, violations of the policies and regulations of the host institution, violations of the policies, rules and regulations of Casper College, violations of law, and/or which are due to my sole or concurrent negligence with the College.
7. I, on behalf of myself, my heirs and personal representatives, hereby release Casper College and any cooperating institution and each of their officers, employees, successors and agents from any and all claims and causes of action for inconvenience, damage to or loss of property, medical or hospital care, personal illness or injury or death arising out of my participation in the study abroad program and/or travel or activity conducted by or under the control of Casper College or any cooperating institution.
8. I understand and acknowledge that there are risks and delays common to travel abroad and that there may be special health risks associated with living and studying in the country or area I have chosen. I understand that I have a responsibility to exercise due caution in my behavior while in the program and agree further that I am personally responsible for obtaining adequate health insurance, health information, instruction, immunizations, and prophylactic medications appropriate to my study abroad program.

9. I understand the refund policies and understand that the application fee and confirmation payments are non-refundable.

10. I understand and agree that I will provide all completed materials, forms, and payments by the due dates specified and recognize that failure to do this may result in either added costs or in my being withdrawn from the program. Further, I have read or will read and understand all general information provided on this program, and will attend and participate in all orientation meetings and other pre-departure briefings.

11. Each of the undersigned individuals hereby consents and submits to the personal jurisdiction of the courts set forth in this provision and waives any challenge to the venue or jurisdiction of such courts over them.

13. I grant permission to the Office of Student Services to release my name and contact information to fellow program participants and to future students interested in applying to study off-campus.

14. I hold the following health insurance coverage which is valid overseas for the duration of my study abroad program. I understand that if this information should change I must notify the Program Director and Student Services at once; further, that if this insurance should lapse because of unpaid premiums during my stay, I and my parent(s)/guardian(s) are responsible for health expenses incurred.

Insurance Company: Name _____ **Policy Number:** _____

Insurance Company: (Phone and e-mail) _____

I have read and agree to the above:

Participant's Name (Print) _____ **Signature:** _____
Date:

Please note that your signature must be original. Faxed or photocopied signatures cannot be accepted.

If under age 18, the parent or legal guardian must also sign this form:

Guardian's Name (Print) _____ **Signature** _____
Date:

Emergency Contact

Please list the first person to contact in case of emergency for the time the participant is abroad.

Name: Relationship: _____

Address: _____

Home Phone: Work Phone: Cell: _____

Fax: E-mail _____