

Doggett International Center
Campus Union

Name _____

SC ID# _____

263 Alden Street
Springfield, MA 01109

PARTICIPATION AND INDEMNIFICATION

I, _____, acknowledge that I have voluntarily applied to participate in one of Springfield College's Study Abroad Programs (the "Program"). I further acknowledge that Springfield College has provided me with various information about the Program, both verbally and through written materials, and that I have read and understand such information. I hereby agree to comply with any requirements, including those involving a regimen of medical treatment or medication, whether prior to or during the Program, which Springfield College or its physicians deem necessary for participation in the Program.

I agree to participate fully in all aspects of the Program (instructional, cultural, social) organized for the Program, as set out in the Program information, and by the host institution. I understand that I must be enrolled full-time in course work, and that any deviation from the normal course schedule and/or Program design must be approved in advance in writing by the International Center. As a participant, I understand that direct communication between my parents/guardians and Springfield College may be necessary and I consent to that direct communication.

I agree to abide by all rules and regulations regarding campus life including absences from campus, as set out by the host government and the host institution and by all laws pertaining to my student status. I also understand that upon the decision of the host institution and/or the International Center, my participation in the Program may be terminated if I engage in action endangering me or others or jeopardizing the success of the Program, or do not abide by the rules or regulations set forth by the International Center or the host institution. I further agree that if expelled from the Program, I will be responsible for all expenses incurred up to the time of expulsion and for all expenses incurred in returning to my point of origin. In the event of such expulsion, I further agree that no refund of Program fees will be given.

I certify that I am free of medical conditions that would endanger my life, health, or well-being while traveling or living abroad, or that would impede my ability to fully participate in all aspects of the Program. I also state that I have accident and illness insurance coverage for the period of duration of the Program, which is valid overseas. I understand that medical emergencies may arise requiring my return to the United States (medical evacuation or repatriation). I state that I have insurance coverage for such contingencies. I hereby grant permission for my submission to emergency medical care, including anesthetic, blood transfusion and surgery, during the period of the Program, as recommended by medical authorities.

I am aware that participation in the Program involves risk of injury and illness to myself and damage to my property, and I voluntarily accept all risk of personal injury, illness, death, and property damage resulting from my participation in the Program. Knowing the dangers, hazards, and risks of such activities, and in consideration of being permitted to participate in the Program, I, on behalf of my family, heirs, and personal representative(s), agree to assume all the risks and responsibilities of my participation in the Program, the transportation incident thereto, and any activities incident thereto. I agree to release, indemnify, and hold harmless and covenant not to sue Springfield College, its trustees, officers, agents, employees, contractors, and any students acting as employees (“Releasees”), with respect to any and all liability for any harm, injury, damage, claims, demands, actions, costs, and expenses of any nature whatsoever which I may have or which may hereafter accrue to me, arising out of or related to any loss, damage, or injury, including but not limited to suffering and death, that I or my property may sustain, whether caused by the negligence or carelessness of the “Releasees,” or otherwise, while in, on, upon, or in transit to or from any country where the Program or any activity adjunct to the Program occurs or is being conducted.

Any dispute, controversy or claim arising out of or relating to my participation in the Program or arising out of this Release shall be settled by binding arbitration in the city of Springfield, Massachusetts in accordance with the rules then prevailing of the American Arbitration Association. Such arbitration shall be determined by a single arbitrator, and judgment upon the award rendered by the arbitrator may be entered in any court of competent jurisdiction.

This Release shall be interpreted under and governed by the laws of the Commonwealth of Massachusetts without regard to its choice of law rules.

I understand that this Release is for the benefit of Springfield College and its agents, employees, and related entities only. Third parties, such as common, carriers, hotels, or travel agencies, are not released from liability for their acts.

I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS.

Participant (Signature):

Date:

Printed Name:

For minor applicants only:

(Father or guardian of the minor participant)

(Mother or guardian of the minor participant)