



EDUCATION ABROAD

SEATTLE UNIVERSITY

901 12th Avenue P.O. Box 222000 Seattle, WA 98122-1090 www.seattleu.edu/studyabroad T: (206) 296-2226 F:(206) 296-2491 Seattle University ~

Short-Term Faculty-Led Traveling Seminar Acknowledgement of Program Guest Status ASSUMPTION OF RISK AND RELEASE

I, _____, have made an informed decision to travel to _____ as a guest of _____ (program participant) who is participating in or leading a Seattle University travel or study abroad program. I acknowledge that my presence on this trip is as a personal guest of the program participant identified above. I understand that I am not a formal participant in the travel abroad program, either as a student or as a faculty member, with study abroad program responsibilities. I understand that Seattle University is not responsible for my health, safety, or well-being while traveling as a guest of the program participant.

RESPONSIBILITY FOR PREPARATION: I assume responsibility for all the elements necessary for my personal preparation for traveling with the program participants. I understand all program details are applicable to my status as a guest of a participant, including requirements and costs described in program materials. I agree that if I cancel after the date specified I will not be entitled to a refund of any travel abroad costs or fees.

ACCEPTANCE OF CONDITIONS: I understand that while traveling abroad living conditions, transportation, food, services, and accommodations may not meet the standards found in the United States and that Seattle University bears no responsibility for those conditions.

INSURANCE REQUIREMENTS: I certify that I have appropriate medical and accident insurance which covers me while I am living and traveling outside the state of Washington and the United States. **I have confirmed with my carrier and verify that my insurance covers me for the duration of the program. Attach a copy of insurance card.**

Name of Insurance Co.: _____ **Policy #:** _____

Name of Insured: _____ **Insurance Phone #:** _____

If I am a member of the Seattle University faculty or staff, I understand that workers' compensation insurance does not provide coverage for injuries I sustain while traveling on personal business. I acknowledge that I do not have specific faculty or staff duties and responsibilities in connection with this travel abroad program.

PERSONAL CONDUCT: I accept responsibility for the effect my conduct has on the travel abroad program, the program participants, and others. I agree to conform to standards of conduct consistent with the maintenance of the positive reputation of Seattle University. I understand that I am also responsible for complying with the terms of participation and emergency procedures of the program. I understand that conduct considered unacceptable to Seattle University includes, but is not limited to, excessive use of alcohol, fighting, abusive behaviors toward others, sexual harassment, criminal conduct of any kind, or participation in (vs. observation of) political activities, use of illegal drugs, or unwillingness to cooperate with University or host representatives.

TERMINATION: I understand that Seattle University or its representative may at any time terminate my permission to accompany the program for health and safety reasons, emergencies, or conduct or behavior that is deemed by the University to be inappropriate or disruptive or not in the best interests of the program. Such termination shall not diminish or otherwise alter my obligation to make any payment required for the program, nor shall Seattle University be required to make any refund to me.

CHANGES IN PROGRAM: I agree that Seattle University and its employees or agents have the right to cancel or change any element of the program as circumstances require including but not limited to the right to change the faculty, the facilities, and the excursions. I understand that Seattle University cannot be responsible for additional travel costs or expenses that may result from airline schedule changes, delayed or changed arrival or departure times, flight cancellations, natural disasters, crime, weather, illness, or other unforeseen events I am responsible for all costs and expenses associated with my participation as a guest of the program participant, including these unexpected or unforeseen costs.

LIMITATION OF CONTROL: I understand that Seattle University cannot be responsible for the actions of persons not employed by the University, for events that are not part of the program, or that are beyond the control of the University, or for situations that may arise due to failure of a participant to disclose pertinent information. I understand that Seattle University cannot monitor or oversee my daily personal decisions, choices, and activities. While on this program, I will exercise reasonable care for my own safety, health, and well-being.

HEALTH: I verify that I have no health-related conditions or problems that preclude me from traveling as a guest of the program participant. I acknowledge that certain immunizations may be recommended, and that I am responsible for obtaining all necessary immunizations. I accept responsibility for educating and informing myself and discussing with my health care provider diseases, illnesses, and other health concerns that may result from traveling abroad. I understand that additional information on health matters can be obtained from the Centers for Disease Control (www.cdc.gov), the University of Washington Hospital Travel Clinic, and the Downtown Public Health Department Travel Clinic.

I agree that Seattle University may but is not obligated to take any action it considers to be warranted under the circumstances regarding my health and safety. I authorize Seattle University to take any such action, including, but not limited to, admitting me to a hospital, consenting to the administration of anesthetics, the transfusion of blood and blood products, surgery and arranging for my medical evacuation. I agree to be fully responsible for any and all expenses including transportation and medical costs associated with such actions, and hereby release and discharge Seattle University from any liability or responsibility for any injury, damage or expenses that might arise out of or in connection with such actions.

ACCEPTANCE OF CONDITIONS: I understand that while traveling abroad, living conditions, transportation, food, services and accommodations may not meet the standards found in the United States and that Seattle University bears no responsibility for those conditions or standards

ACKNOWLEDGEMENT AND ASSUPTION OF RISK: I acknowledge that traveling to and residing in a foreign country involves risks such as accidents or illness, disease, poor sanitation, inadequate medical care and facilities, terrorism, accidents, crime, the hazards of travel by air, train, boat, and motor vehicle, natural disasters, and hazards arising from a wide variety of events and circumstances which cannot be enumerated. I should consult the United States State Department (www.state.gov) for all areas I plan to travel. I hereby personally assume all risks, whether foreseen or unforeseen, arising out of or in connection with my participation in the program, for any harm, injury or damage that may befall me while traveling or participating in any activities connected with the program and travel to and from the program site. I also understand that my baggage and personal property are at my risk entirely throughout the program and any travel incident thereto.

REGISTRATION WITH US EMBASSY ABROAD: I understand and consent that Seattle University will register my presence on this program with the US Embassy or Consulate in the host country for purposes of emergency management.

Legal Name in Passport: _____ **Citizenship:** _____
E-mail Address: _____ **Date of Birth (dd/mm/yyyy):** _____
Passport #: _____ **Place of Issue:** _____
Date of Issue: _____ **Expiration Date:** _____

AUTHORIZATION TO USE IMAGE, VOICE: I give Seattle University permission to reproduce and use for educational or promotional purposes any and all photographs, videos, movies, or sound recordings taken of me during my travel with the program.

GOVERNING LAW: I agree that this Agreement will be construed in accordance with the laws of the State of Washington and King County and will be the forum for any legal dispute concerning my participation in the program.

RELEASE OF CLAIMS: I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby RELEASE and FOREVER DISCHARGE Seattle University, its employees, agents, officers, trustees, contractors and representatives (in their official and individual capacities) from any and all liability whatsoever for any and all damages, losses or injuries (including death) that I sustain to my person or property or both, including but not limited to any claims, demands, actions, causes of action, judgments, damages, expenses and costs, including attorneys fees, which arise out of, result from, occur during or are connected in any manner with my participation in the program, any related or independent travel, and any activities, excursions, side trips or field trips in which I participate during the program, irrespective of whether or not they are sponsored, supervised or controlled by Seattle University in any manner.

INDEMNIFICATION AND HOLD HARMLESS: I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby agree to INDEMNIFY, DEFEND and HOLD HARMLESS Seattle University, its employees, agents, officers, contractors, trustees and representatives (in their official and individual capacities) from any and all liability, loss, damage or expense, including attorneys fees, that arise out of, occur during, or are in any way connected with or related to my participation as a guest in

the program, any related or independent travel, and any activities, excursions, events or field trips in which I participate during the program, irrespective of whether or not they are sponsored, supervised or controlled by Seattle University in any manner.

Emergency Contact Information

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|-----------------------------|-----------------------------|
| Name: _____ | _____ |
| Daytime Phone: _____ | Evening Phone: _____ |
| E-mail: _____ | Relationship: _____ |

I have carefully read and understand everything written above, and I voluntarily sign this Acknowledgement of Guest Status, Assumption of Risk and Release. No representation, statements or inducements, oral or written apart from the foregoing statement have been made. I am at least 18 years of age and legally competent to sign this document.

Signature _____ Date _____

Print Name: _____