AGREEMENT TO PARTICIPATE

ASSUMPTION OF RISK AND RELEASE

INFORMED, VOLUNTARY DECISION: I (print full name) ______ have made an informed decision to participate in a study abroad program in ______ (country/ies) for ______ quarter(s)/years. I acknowledge that my participation in this particular study abroad program is voluntary and that other majors are available to me that do not require study abroad.

PROGRAM DESCRIPTION & RESPONSIBILITY FOR PREPARATION: I assume responsibility for all the elements necessary for my personal and academic preparation for the program and will have participated fully in the preparation meetings. I have provided full and complete answers in connection with the application process. I understand and accept all program details including requirements and costs described in program material and written communications from the faculty director and orientation meetings. I agree that if I cancel participation after the date specified, I will not be entitled to a refund.

I have read and agree to the aforementioned terms. ☐ Yes

ACADEMIC EXPECTATIONS: I understand and agree that between acceptance to the program and my departure I must: (1) be in good academic standing; (2) maintain or improve my academic record; (3) receive a “B” grade or better in any course work pertaining to my major or to my off-campus study (such as a language course); and (4) receive no D or F grades. I also understand that all incompletes must be cleared from my record before participating in the program. The Program Director and Education Abroad Office reserves the right to revoke my acceptance into the Program should my academic standing so warrant. I understand and agree that Seattle University Academic Policies apply to my participation in the program. I understand that failure to complete the entire program and all assignments, classes, lectures and trips before, during and after the program could result in a grade of “F” and loss of credit. Inadequate academic participation is considered a basis for termination at the sole discretion of the faculty director at my own additional expense. I understand that academic credit will be awarded upon successful completion of a full, regular course of study as defined in program materials. All credits earned will appear on my official transcript as letter grades and be calculated into my SU grade point average.

I have read and agree to the aforementioned terms. ☐ Yes

ACCEPTANCE OF CONDITIONS I understand that program conditions, including but not limited to academic settings, accommodations, food and transportation, may not meet the standards found in the United States. I accept that study abroad is by nature an experience different from that of the home campus. As such, I understand that United States cultural values and social norms and customs may not apply in the host country. Similarly, I recognize that Seattle University campus conditions or services may not be replicated on the program. These may include, but are not limited to, access to technology such as computers and electronic mail, recreational or athletic facilities, academic resources such as libraries, tutoring, or services for students with disabilities. I accept that these conditions may reflect host country standards or resources.

I have read and agree to the aforementioned terms. ☐ Yes

DISCLOSURE TO AND NOTIFICATION OF FAMILY: I hereby agree and consent that the University may, in its sole discretion, disclose to my parent(s), guardian(s), legal partner or spouse of record any incident, event or matter arising out of or relating to my participation in this trip including, but not limited to, my attendance or participation in program activities, voluntary or involuntary withdrawal, serious illness, injury and/or hospitalization, arrest, evacuation or other such matters. This authorization supersedes any prior written request for confidentiality I may have filed with the University. Emergency Contact:

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I have read and agree to the aforementioned terms. ☐ Yes

INSURANCE REQUIREMENTS: I understand and accept that I will be automatically enrolled in and my student account will be billed for the University’s mandatory study abroad insurance program provided by Wells Fargo of California Insurance Services, Inc. Exceptions to this requirement may be granted by the Director of Education abroad upon written proof of alternative insurance coverage that includes coverage for both emergency and non-emergency care, emergency medical evacuation, and other travel services that meets or exceeds the SU program characteristics. I acknowledge that the University medical insurance plan may require me to pay cash for medical care and to seek reimbursement from the insurance carrier afterward. I have been advised to obtain travel insurance for my personal belongings.

I have read and agree to the aforementioned terms. ☐ Yes
FINANCIAL ARRANGEMENTS: I understand that the Program Deposit is non-refundable. I understand that charges for the program are flat-rate tuition and applicable overload fees, plus any published program fees and insurance charges (see INSURANCE, above) unless explicitly described otherwise in program materials (SU at Suzhou and SU Fall in Grenoble, for example). At my expense, I am responsible for obtaining a passport and all required visas and for arranging for and paying for transportation to and from the program site and payment of all personal expenses incurred during my participation, including without limitation my food and clothing. I understand and accept that in the event of partial participation in the Program (including without limitation partial participation resulting from my expulsion from the Program because of my conduct), I am still responsible for the entire cost of the Program and I will not have any right whatsoever to receive a refund. My leaving the program voluntarily or involuntarily (see TERMINATION, below) does not diminish or affect my obligation.

I have read and agree to the aforementioned terms. ☐ Yes

PERSONAL CONDUCT: As a condition of my participation, I understand that my conduct history will be reviewed and that I must maintain acceptable standing in all quarters prior to departure. The Program Director and Education Abroad Office reserves the right to revoke my acceptance into the Program should my conduct or history so warrant. I understand and agree that during the program the Seattle University Code of Student Conduct, Academic Policies and other University policies apply to my participation. I accept responsibility for the effect my conduct has on the other participants, hosts, and me and agree to conform to standards of conduct consistent with the maintenance of the reputation, values and mission of Seattle University. I will exercise reasonable care for my own safety in the program and throughout my participation. I understand that I am also responsible for complying with the terms of participation and emergency procedures of the program and for obeying host country laws while not necessarily enjoying the same privileges as the host country nationals. I understand that conduct considered unacceptable to Seattle University includes, but is not limited to, any behavior that disrupts normal program operation or endangers myself or others, 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.

I have read and agree to the aforementioned terms. ☐ Yes

TERMINATION: One of the consequences for non-compliance with the terms of this Agreement To Participate or any elements of the program description may be suspension from the program including an early return to the United States at my own additional expense, without credit earned, without refund of tuition or other costs, and at the sole discretion of the faculty Program Director, the in-country designate or the Education Abroad Office.

I have read and agree to the aforementioned terms. ☐ Yes

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, the and 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 in the program, including these unexpected or unforeseen costs.

I have read and agree to the aforementioned terms. ☐ Yes

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 control all of the daily personal decisions, choices, and activities of individual participants, including myself.

I have read and agree to the aforementioned terms. ☐ Yes

HEALTH: I verify that I have no health-related conditions or problems that preclude me from participating. I acknowledge that I am solely responsible to make available to the Education Abroad Office accurate and complete physical and mental health information. I acknowledge that certain inoculations and immunizations may be recommended or required, and that I am responsible for obtaining these. I accept that Seattle University shall not be liable for any failure on my part to heed to such recommendations. 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, and surgery, and arranging for my medical evacuation. I agree to be fully responsible for any and all expenses, including transportation costs and medical expenses, 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.

I have read and agree to the aforementioned terms. ☐ Yes

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 participation in the program.

I have read and agree to the aforementioned terms. ☐ Yes

ACKNOWLEDGEMENT AND ASSUMPTION 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 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 have been advised to consult the United States State Department (www.state.gov) for all areas I plan to travel and to regularly review the site for up-dates. I also understand that my baggage and personal property are at my risk entirely throughout the program and any travel incident thereto.

I have read and agree to the aforementioned terms. ☐ Yes

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) 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.

I have read and agree to the aforementioned terms. ☐ Yes

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 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.

I have read and agree to the aforementioned terms. ☐ Yes

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

I have read and agree to the aforementioned terms. ☐ Yes

I have carefully read and understand everything written above, and I voluntarily sign this Agreement to Participate, 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.

I hereby certify that typing my name on the line below constitutes my true, legal, and binding signature. ☐ Yes ☐ No

Signature ___________________________ Date ___________________________