

**University of Richmond -- Summer Study Abroad (SSA) Programs
Agreement and Release Form**

INSTRUCTIONS

1. Please type or print.
2. Return to: School of Continuing Studies, Summer Study Abroad Programs, University of Richmond, Virginia 23173.
3. **A Summer School Application/Registration Form (to register for courses) must also be completed.** A deposit of \$150.00 must accompany the Application/Registration Form. (Checks should be made payable to the University of Richmond).

Program

SSA Program Name _____

Courses _____ Total number of units _____

Name _____ Citizenship _____

Date of Birth _____ UR ID # _____

Student Information

Student at _____ Current Class Yr _____
(College Name)

Local address during Academic Year _____

Address during summer months _____

Email Address _____

Name of Parent or Guardian _____

Address _____

Phone _____

Health Insurance Information: Name of Company _____

Address of Firm/Agent _____

Phone _____ Policy Number _____

Are you required to take any special medications or treatments? No Yes. If yes, please explain:

Agreement Consent

I have read the attached agreement and release set forth and understand that they constitute a part of our agreement with the University. This agreement is effective only upon acceptance of the student's application by the University. This agreement is governed by the laws of the Commonwealth of Virginia.

Signature of Applicant _____ Date: _____

Parent Signature is MANDATORY – will not accept forms without it.

Signature of Parent/Guardian: _____ Date: _____

Office of Summer School and Special Programs
University of Richmond, VA 23173
(804) 289-8133 FAX (804) 289-8138

<p><u>AGREEMENT AND RELEASE FORM</u> UNIVERSITY OF RICHMOND SUMMER STUDY ABROAD Summer 2009</p>

** Carefully read Parts I, II and III before signing. Return original signed copy to the Office of Summer School, School of Continuing Studies, and keep a copy for your records. .*

PART I: CONDITIONS OF PARTICIPATION:

1. I understand that, although the University of Richmond (the University) has made reasonable efforts to provide for my safety while participating in the University of Richmond's Summer Study Abroad Program (the Program), there are unavoidable risks in foreign travel, and I may subject myself to dangers over which neither the University, its employees nor the host institution have any control. These dangers might include, without limitation, airline or motor vehicle accidents, criminal behavior or negligence by others, terrorist activity, natural disaster, exposure to contaminated food, normal health problems, etc. I also understand that in the event I am injured or become ill, I may not be able to expect the same level of medical treatment in a foreign country as I might at home.

In full appreciation of these dangers and risks, I release and forever discharge the University and its insurers, officers, trustees, faculty and employees (its "agents"), from all actions, claims, demands, damages and liability whatever that might arise from the Program and my participation in it, except for liability caused by willful misconduct of the University or its agents.

2. The University cannot be responsible for the actions of external companies or personnel hired by either the University or the host institution.
3. I understand that I am required to have an insurance policy that covers medical services and treatment, including medical evacuation and repatriation, during the period of study in the Program. I take full responsibility for knowledge and understanding of any limitations in my insurance policy that pertain to travel abroad. In the case where the University contracts health insurance for its abroad students, the University cannot be held responsible for the health care delivered to any student.
4. I grant the University and its employees full authority to take whatever actions they may consider to be warranted regarding my health and safety, and I release them from any liability for such actions. I authorize the University and its employees, at their discretion, to place me for medical treatment at my expense, **including anesthesia and surgery.**
5. I also release, hold harmless and agree to indemnify the University and its agents with regard to any financial obligations or liabilities that I personally incur, or any damage or injury to the person or property of others that I may cause or be accused of causing, while participating in the Program. In the event the University or its agents advance or loan any monies to me or incur special expenses on my behalf while abroad or in relation to the Program abroad, I agree to make immediate repayment.
6. I understand that I cannot expect and may not receive the same services and conditions abroad that I normally enjoy while at the University.
7. I agree to comply with the rules, standards and instructions for my behavior as stated at the University, the host institution and the Program. The University and its agents have the right to enforce appropriate standards of conduct and may at any time terminate my participation in the Program for failure to maintain these standards or for any conduct which the University or its agents consider to be incompatible with the interest, harmony, comfort and welfare of other students or the host institution. If I am expelled from the Program, I agree to be sent home at my expense and acknowledge that there will be no refund.
8. I agree to adhere to the laws of countries in which I am a visitor/student. I understand that I must be sensitive to the host culture and agree to behave appropriately.
9. I understand that I am responsible for my welfare while abroad.
10. I understand the University reserves the right to select candidates for study abroad. I have considered carefully and take

experience abroad.

11. I consent to the use of photographs and comments by the University for publicity purposes and to the distribution of information about the Program to my parents or guardians whom I have specified in my Emergency Information Sheet. I authorize the University and its agents to contact my parents or guardian, as indicated on the emergency form, in connection with my general welfare abroad.
12. Unless I notify the School of Continuing Studies in writing, I consent to the distribution of my name, campus mailing and E-mail address, and telephone number to potential and current University students and to various departments at the University.
13. The University strongly discourages students from operating vehicles while participating in its Programs. Traffic congestion and different traffic laws and regulations, civil and criminal, can make driving motor vehicles abroad extremely hazardous. Insurance requirements and other financial responsibilities vary from country to country. If, however, I decide to operate a motor vehicle while abroad, the University assumes no financial responsibility for legal aid or for my care should I be involved in a violation or an accident.
14. I agree to release the University and its agents from liability for damage to or loss of my possessions, or for injury, illness or death resulting from crimes or from political unrest.
15. I understand that I am required to register for a full course load while abroad and will be expected to abide by requirements for full-time students at the host institution.

PART II: REFUND POLICY

1. The deposit is not refundable under any circumstances after a student's application has been accepted. If the University is unable to accept an application, it will refund all payments.
2. If I withdraw from the Program by notifying the University in writing on or before March 1, the University will refund all fees paid, except the deposit.
3. If I withdraw from the Program for medical reasons before April 1, and provide evidence of medical necessity from a physician, the University will refund all fees paid, except \$300. If I replace myself with another student acceptable to the University, the University will refund an additional \$150.
4. If I withdraw from the Program for nonmedical reasons after March 1, but before April 1, the University will refund all fees paid, except the deposit, but only if I am able to replace myself with another student acceptable to the University.
5. If a Program is cancelled, or if in the sole judgment of the University, a Program has been so radically changed in itinerary or curriculum that it would be unfair to require students to participate and a student elects in writing to withdraw from the Program, the University will refund all fees paid. Under these circumstances, the University will have no additional responsibility or liability to the student or his parents or guardian.
6. After April 1, no refunds of fees will be made for any reason.

AGREEMENT AND RELEASE FORM

Student Statement:

I have read and understand the terms and conditions set forth in Parts I and II, including specifically the release in Part I, paragraph 1 (all of which I have had a full and fair opportunity to consider), and I understand that those terms and conditions, including the release, constitute my agreement with the University. This agreement is effective upon acceptance of my application to the Program. I understand that the laws of the Commonwealth of Virginia govern this agreement, and I agree further that any claim I may ever have arising in any way out of the Program must be filed in a Virginia court.

Signature: _____ Print Your Name: _____

Date: _____ ID#: _____

The Summer School Office strongly encourages all students to share information about the Program, including all orientation materials and the University of Richmond Study Abroad Handbook, with their parent or guardian.

Parent/Guardian Statement:

I have read and understand the terms and conditions set forth in Parts I and II, including specifically the release in Part I, paragraph 1 (all of which I have had a full and fair opportunity to consider), and I understand that those terms and conditions, including the release, constitute my agreement with the University. This agreement is effective upon acceptance of my son/daughter’s admission to the Program. I understand that the laws of the Commonwealth of Virginia govern this agreement, and I agree further that any claim I may ever have arising in any way out of the Program must be filed in a Virginia court.

Parent Signature is MANDATORY – will not accept forms without it.

Signature: _____ Print Your Name: _____

Date: _____

STUDENT CONSENT

By submitting this form, I state my intention to study abroad for the semester indicated on page 2. If, after my study abroad program has been approved, I decide NOT to go abroad, it is my responsibility to notify the Summer School Office in writing. By failing to do so, I risk loss of course registrations, pre-paid deposits and campus accommodation for the semester I plan to study abroad.

I acknowledge that it is my responsibility to discuss with my academic advisor the implications of a summer study abroad for my future study at UR and in graduate programs. I authorize the Summer School Office to contact the Dean’s office and the Student Accounts Office to inquire about any disciplinary or financial problems. Final acceptance will only be granted once approval for study abroad has been granted by the Dean’s office and the Office of Student Accounts. I understand the procedures required for the transfer of credits from study abroad and I authorize the Summer School Office to send a copy of my Richmond transcript to my proposed programs abroad for advising and admission purposes.

Signed: _____ Date: _____