

THE EVERGREEN STATE COLLEGE

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Study Abroad Enrollment Agreement, Waiver, Release, and Indemnity Agreements

This is a **Release of Legal Rights** – Read and understand before signing.

Complete all items on the following 5 pages.

1. Personal Data

Name, as it will appear on passport (Last, First, Middle)

Last Name First Middle

Evergreen ID A

Age Birthdate / /
Month Day Year

Gender, as it appears on your passport: ☐ Male ☐ Female

Local Mailing Address

Street

City State Zip Code

Permanent Residence Address

Street

City State Zip Code

Country

Current Telephone

Permanent Telephone

Evergreen E-mail

Other E-mail

Class Year ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Grad ☐ Special Student

Expected Graduation Date

Academic Emphasis

Are you on Financial Aid? ☐ yes ☐ not at this time

Country of Citizenship

Passport Number

Passport Issued At

Passport Issue Date

Passport Expiration Date

2. My study abroad is through a(n):

☐ Evergreen Academic Program

Name of Program

Faculty leaders

Countries to be visited

☐ Evergreen Contract ___ Learning or ___ Internship

Faculty Sponsor

Internship organization and website (if an Internship Contract)

Countries to be visited

☐ Evergreen Exchange Program

Faculty Sponsor

☐ University of Hyogo ☐ University of Miyazaki
☐ Roskilde University ☐ Daejeon University
☐ Xing Wei College

☐ Consortium Partner Program (Approved partners only)

Name of consortium and specific identifier, for example, Butler - Oxford

Countries to be visited

3. Travel Itinerary

I plan to study abroad during the following time period:

Quarter(s) Fall ☐ Winter ☐ Spring ☐ Summer ☐

Semester(s) Fall ☐ Spring ☐ Summer ☐

Year(s) 2017 ☐ 2018 ☐ 2019 ☐ 2020 ☐

Departure from US

Date Time

Airlines Flight

Departure City

Destination 1

Destination 2

Return to US

Date Time

Airlines Flight

Departure City

Destination 1

Destination 2

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4. Emergency Information Section

a. Student International Contact Information, as known

E-mail abroad _____
Phone abroad _____
Host family name _____
Address abroad _____

Internship info at _____ www. _____
Language school info _____ www. _____
Other site info at _____ www. _____
Personal Blog at _____ www. _____

b. Primary U.S. Emergency Contact

Name _____
Relationship _____
Phone 1 _____
Phone 2 _____
E-mail _____
Address _____

c. Secondary U.S. Emergency Contact

Name _____
Relationship _____
Phone 1 _____
Phone 2 _____
E-mail _____
Address _____

d. Registration and Records Student Gets Signature, Library 1101

I have reviewed the emergency contact information for this student and it is correct and updated in the system.

Signature, Registration & Records Staff Date

e. Medical Insurance

Evergreen requires that all students studying abroad have medical insurance that includes emergency evacuation and repatriation coverage.

Company _____
Policy Holder _____
Policy Number _____
Medical ID Number _____
24-hour Contact Number _____
Effective Until What Date? _____

f. Student Health Review Form

I have completed the separate **Student Health Review Form** and submitted it with this Agreement. It details relevant aspects of my medical history, allergies, prescription medications, and any other medical conditions that are important to know for both preparing to study abroad and in the event of an emergency situation during my studies. I understand that certain countries restrict entry of persons with certain medical conditions or prescriptions and that this must be considered in preparations. I understand that this information is confidential and is used for advisory and emergency purposes only, and not for the purpose of acceptance into a study abroad program.

Signature of Student

Date

g. Confidentiality Release Statement

The information I have provided in this Agreement and Student Health Review Form is protected for students in keeping with the guidelines of the Family Educational Rights and Privacy Act (FERPA). However, certain emergency situations occurring while I am abroad may require Evergreen to contact and/or release information to my listed emergency contact persons, parents, other relatives, or health providers, and I hereby expressly authorize such contact or information release.

Signature of Student

Date

Printed Name

5. Office of International Programs Library 2153

Students must participate in the Evergreen pre-departure orientation, document their study abroad plans, review health forms, and obtain the signature of International Programs Office staff. Pre-departure meetings are offered regularly.

____ document plans _____ pre-departure materials
____ health form _____ consortium forms

Signature, International Programs Staff

Date

Orientation was completed via:

____ Visit to Academic Program, arranged
____ Group Workshop, per Academic Advising online schedule
____ Individual Meeting, Telephone, or Email, at discretion of staff

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6. Enrollment Agreement for Study Abroad

In consideration of being approved for participation in Evergreen study abroad programs, contracts, or consortium I,

, hereby

understand and agree to the following conditions of participation:

a. Orientation – I am responsible for the content of all pre-departure and orientation materials. I understand that I am required to participate in one or more pre-departure orientation meetings prior to travel. ____ initials

b. Program Rules – Evergreen faculty and staff have the authority to establish rules, covenants and guidelines necessary for the operation of the program, contract or consortium for the health and safety of participants, and if I violate these, I may be subject to disciplinary action, which may include involuntary withdrawal. ____ initials

c. Student Conduct Code – As a participant in approved study abroad, I am subject to the **Evergreen Student Conduct Code**, which is applicable in all program-related activities. ____ initials

d. Host Country Laws – As a visitor to another country, I will be subject to the laws of that country. Violations of the local law of the host country are referred to and handled by the appropriate local law enforcement authorities. ____ initials

e. Behavior in Host Country – As a study abroad participant, I am a guest in a host country. I understand that I must respect norms of conduct, dress, morals, and other behavior that may be different from standards in my home country. I will adhere to the guidelines suggested by faculty and staff. ____ initials

f. Academic Policy – I am responsible for punctual attendance at classes and on scheduled trips, for participation in academic activities, for completing assigned work, and for completing any activities outlined in Independent Contract study. If I am ill and cannot attend scheduled events, I will inform program leaders and take responsibility for any consequences. Failure to complete academic activities may result in loss of credit, academic warning, or involuntary withdrawal from the program. ____ initials

g. Alcohol and Drugs I understand that use of illegal drugs is strictly prohibited. The use of alcohol is prohibited during college sponsored activities or in college sponsored facilities. Students who abuse this policy are subject to expulsion from the program. ____ initials

h. Violence and Harassment – I understand that violent behavior, sexual harassment, or other conduct disruptive to studies or offensive to the host culture may result in involuntary withdrawal. ____ initials

i. Financial Responsibility – My participation in study abroad is contingent upon making all payments or financial aid arrangements by the stated due dates and completing all required forms before the start of my studies. I understand that all cash or check payments for Evergreen-led programs must be made through the Cashier's Office, unless otherwise explicitly written in program information. I understand that Independent Contract and

Consortium Partner students are responsible for making payments directly to outside providers chosen, and that Evergreen does not make payments to these organizations on my behalf. ____ initials

j. Voluntary or Involuntary Withdrawal - I understand that if I voluntarily leave the program, contract, or consortium before its scheduled completion, I will provide Evergreen with advance written notice of my intent to do so. In the case of involuntary withdrawal, I acknowledge that Evergreen faculty and staff have the authority to withdraw me from the study abroad program, contract, or consortium for violation of rules and regulations or if safety conditions in my destination country deteriorate. Because of the circumstances of foreign study, the usual on-campus process for appeal will not be available to me. ____ initials

k. Communication with Evergreen – I understand that it is my responsibility to maintain regular communication with Evergreen individuals who oversee my study abroad enrollment. I will inform Evergreen faculty sponsors and staff of significant independent travel plans or changes in plans, as well as any emergency situations that arise. I also understand that Evergreen communicates important notices to me through my Evergreen e-mail account and will check these notices as regularly as my location allows. ____ initials

l. Consortium Programs – If I am enrolled in one of Evergreen's outside partner consortium programs, I understand that I must be concurrently registered at Evergreen each quarter that I am away. I understand that my Evergreen registration reflects "placeholder credits" and that only upon my request for consortium transcripts to be sent to Evergreen will these placeholder credits be converted to actual credits. I also understand that if I fail to pay a consortium partner, Evergreen may place a hold on future registration or processing of transcripts, and that my financial aid status may be affected. ____ initials

m. Cancellation and Refunds – I understand that programs or components of programs must sometimes be cancelled for reasons outside Evergreen's control. In these situations, Evergreen will determine what refunds, if any, are due the student. Evergreen may decide to suspend, cancel or evacuate an Evergreen-led program based on discussion of in-country conditions with college and program staff, partner officials, embassy officials, U.S. and non-governmental agencies, and State Department officials. Consortium Partner programs and organizations incorporated into Individual Learning or Internship Contracts make independent decisions on cancellations and refunds. ____ initials

I re-affirm that I understand items a through m above.

Student Signature

Date

Parent or Guardian Signature, if student is under 18 years of age. Date

This is a **Release of Legal Rights** – Read and understand before signing.

Read, understand and initial each section carefully.

I hereby agree as follows:

I understand that there are inherent dangers associated with participating in this program, contract, or consortium away from campus. These risks include, but are not limited to: accidents, injury, illness, disease, unusual living conditions, different safety and accommodation standards, natural and weather disasters, dangerous insects and animals, criminal behavior, civil strife, terrorism, and any other harm, injury, illness or damage which may befall me. I understand that the Evergreen State College (Evergreen), its instructors, or its agents do not serve as guardians or insurers of my absolute safety. I have made my own assessment of these inherent dangers by reviewing the various study abroad materials, U.S. State Department documents, and Center for Disease Control documents listed below, and I am willing to accept these risks. _____ initials

I have read and understand the contents of the Country Specific Information Sheets for the countries I will be visiting.

initials

<http://wwwn.cdc.gov/travel/default.aspx>

I have read and understand the contents, recommendations, and requirements of the CDC Traveler's Health Pages for my destination countries. _____ initials

I have read and understand the information contained in the
Evergreen pre-departure materials provided to me. _____ initials

I understand that my decision to take part in this program, contract, or consortium is voluntary, and is not a requirement for completing my degree at Evergreen. I understand that other options that would enable me to earn my degree are available.

I understand that neither Evergreen nor any of its agents will be supervising me at all times. If I am enrolled in organized programs, I have the opportunity to travel independently at times when program activities are not scheduled. If I am enrolled in an Individual Contract, I will clearly be arranging my own itinerary of study and travel. During any kind of independent activity, I will be responsible for my own safety and cannot hold Evergreen liable for any injuries to my person or property as a result of my participation in study abroad. _____initials

I understand that Evergreen does not represent or act as an agent for, and cannot control the acts or omissions of, any host institution, host family, transportation carrier, hotel, tour organizer, or other provider of goods and services involved in a program/contract/consortium. I understand that Evergreen is not responsible for matters beyond its control. I hereby release Evergreen and any of its agents from any injury, loss, damage, accident, delay, or expense arising from such acts or omissions.

initials

I understand that if I leave my study abroad program early for any reason, including medical condition or disciplinary action, I am responsible for the academic, financial and personal consequences of that decision, including my enrollment and financial aid status. While some refund of payments may be possible in limited cases, I understand that many contractual commitments have been made, and that I have no guarantee of any refund. I also understand that I am solely responsible for any additional costs arising from my voluntary or involuntary withdrawal prior to program completion. In the case of involuntary withdrawal, I acknowledge that Evergreen faculty and staff have the authority to dismiss me from the program, contract, or consortium for violation of rules and regulations, and that because of the circumstances of foreign study, the usual on-campus process for appeal will not be available to me.

initials

I understand that it is my responsibility to have a medical examination to assure myself that I am physically and mentally fit and capable of participating in this program, contract, or consortium. I have completed the separate Student Health Review Form and have reviewed any relevant health or medical concerns with Evergreen faculty or staff in preparation for study abroad. If I rely on necessary medications for good health, I agree to have an adequate supply while abroad and to take them as directed by my physician. I have consulted the U.S. Center for Disease Control's website or the Evergreen Health Center for vaccination requirements and recommendations for my travel destination, and I verify that I have received vaccinations appropriate to my health and as required by my faculty. If I am a student with a documented disability, I understand it is my responsibility to have an accommodation plan on file with the Office of Access Services.

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for Students with Disabilities in a timely manner – at least three months before departure. _____ initials

g. Insurance Requirement

I understand that, in accordance with state law, Evergreen requires all students studying abroad to have insurance that includes at a minimum, travel accident, illness, emergency evacuation and repatriation coverage. I have assessed my overall need for broader medical insurance in light of my general medical needs. I confirm that either **a)** my existing medical insurance will provide a minimum of \$25,000 in travel accident and illness coverage, \$100,000 in medical evacuation coverage and \$10,000 in repatriation of remains coverage, or **b)** if a consortium student, that additional medical coverage that meets these requirements is part of my consortia program fees, and/ or **c)** I have purchased the i-Next Basic Insurance Plan or a similar insurance product, which satisfies the minimum coverage requirements. I recognize that Evergreen is not obligated to attend to any of my medical needs and I assume all risk and responsibility for doing so myself. If I require medical treatment or hospital care at any point during my study abroad enrollment, Evergreen is not responsible for the cost or quality of such care. _____ initials

h. Medical Release

Evergreen may (but is not obligated to) take any action it considers necessary regarding my health and safety in emergency situations or instances where I cannot state my medical treatment preferences. I hereby authorize Evergreen and its agents to procure all necessary medical and dental assistance while I am enrolled in a study abroad program, contract, or consortium, and to authorize any medically competent person to do all things reasonably necessary to treat any injury or illness that occurs. I agree to pay all expenses relating to that situation and release Evergreen and its agents from any liability or actions. _____ initials

i. Program Changes and Cancellation

I understand that Evergreen may determine that circumstances in a foreign country require the cancellation or early termination of a program, contract, or consortium in that country. If I am an Individual Learning or Internship Contract student, I also understand that Evergreen has the authority to require my departure from any destination country in which safety conditions have deteriorated or are deemed unsafe, and that any expenses related to such early departure are my responsibility. I understand Evergreen's cancellation and refund policies as described in the Enrollment Agreement above and agree to abide by them. I understand that charges are based on current airfares, lodging rates, and travel costs, which are subject to change and therefore may require additional payment. I accept responsibility for loss or additional expenses due to delays in transportation and other services, sickness, weather, strikes, computer problems or other unforeseen causes. _____ initials

j. Assumption of Risk and Release of Claims

Knowing the risks described above, and in consideration of being allowed to travel to and participate in this study abroad program, contract, or consortium, I agree on behalf of myself, my family, heirs and personal representatives to assume all risks in connection

with that program, contract, exchange, or consortium, and to further release, indemnify, and hold harmless the State of Washington, the Evergreen State College, its past and present trustees, officers, employees, agents and their heirs, successors and assigns of each from any loss, liability, harm, injury, death, damage or expense (including reasonable attorney's fees) which may befall me, including all risks connected to my participation, whether foreseeable or not. _____ initials

k. This Is a Legal Document

I have fully informed myself of the contents of this Agreement and Release by reading it before I sign it below. I understand that the terms in this document are a true, legal, and binding agreement and not a mere recital of words. I understand that this Agreement shall be governed by the laws of the state of Washington, which shall be the forum for any legal actions filed under or incident to this Agreement. I acknowledge that this Release must be completed, signed and submitted before study abroad approval. _____ initials

If I am under the age of 18, I understand that my parent or guardian must also read, understand, and sign these documents. _____ initials

I certify under penalty of perjury under the laws of the state of Washington that the foregoing statements are true and correct, and I hereby affix my signature in agreement.

Student Signature

Date

I am the parent or legal guardian of the above student. I have read and understand the foregoing Agreement, including the parts that may obligate me to financial responsibility. I am and will be legally responsible for the obligations and acts of my student as described above. I agree for myself and for my student to be bound by its terms.

Parent/Guardian Signature(s) if student is under 18

Date

Please print your name clearly here.

Academic Dean

Signature Required, Library 2002

The student and I have reviewed the student's academic and travel plans as well as the risks connected to those plans as stated in the U.S. State Department's Country Specific Information Pages. I have given the student the opportunity to ask any questions concerning the enrollment agreement, liability waiver, releases, and indemnity agreement. The student is approved for study abroad participation as planned.

Signature, Academic Dean or Representative

Date