



Office of International Programs
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Study Abroad Enrollment Agreement & Risk and Liability Release

Name: \_\_\_\_\_ Phone: \_\_\_\_\_
Evergreen ID: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_
Sex, as it appears on your passport: \_\_\_\_\_ Female \_\_\_\_\_ Male \_\_\_\_\_ Other \_\_\_\_\_
Evergreen Email: \_\_\_\_\_ Other Email: \_\_\_\_\_
\_\_\_\_\_ Faculty-led Academic Program \_\_\_\_\_ Contract \_\_\_\_\_ Exchange \_\_\_\_\_ Consortium/Third Party
Program Name: \_\_\_\_\_
Faculty Leader/Sponsor: \_\_\_\_\_ Quarters of Study: \_\_FA \_\_WI \_\_SP \_\_SU
Destination Countries: \_\_\_\_\_
Travel Date Start: \_\_\_\_\_ Return: (est. OK) \_\_\_\_\_

Study Abroad Enrollment Agreement

I understand and agree to the following conditions of participation in The Evergreen State College (Evergreen) approved study abroad:

- a. Good Academic Standing: I must maintain good academic standing from point of application through the end of my study abroad period. \_\_\_\_\_ initials
b. Student Conduct Record: I understand that Evergreen will review my student conduct record as part of assessing my eligibility for study abroad, and that some students may be asked to complete a Behavioral Agreement prior to approval, depending on conduct history. Some students with major violations may not be approved. Conduct violations after the initial approval must be reported to the Office of International Programs for an additional review. \_\_\_\_\_ initials
c. Required Forms: I must complete all Evergreen required forms and processes by stated deadlines. \_\_\_\_\_ initials
d. Predeparture Orientation: I am required to participate in all scheduled study abroad pre-departure orientation meetings prior to travel, and I am responsible for the content covered in these meetings. \_\_\_\_\_ initials

e. Payment of Fees: I must make all study abroad fees, deposit, and program payments by stated deadlines. I understand that contract, consortium, and exchange students are responsible for making payments directly to the outside providers chosen, and that Evergreen does not make payments to these organizations on my behalf. \_\_\_\_\_ initials

f. Health Review: I must take responsibility for my anticipated health needs while studying abroad by assessing my health profile, planning for needed immunizations, medications and services, requesting disability accommodations, ensuring that I have appropriate insurance to match my needs, and understanding how to access emergency services for accidents and illnesses that might arise. I have been advised to consult with my personal health care providers as well as Evergreen Student Wellness Services as part of this preparation. I also understand that Evergreen faculty and staff have the authority to require me to return to the US if my health conditions no longer allow me to participate effectively. Finally, I must submit an Emergency Information Summary Form as part of this process. \_\_\_\_\_ initials

g. Insurance Requirement: I understand that I must show proof of health insurance that will cover me while studying abroad. This insurance must meet Evergreen's minimum requirements for accident/illness coverage, emergency medical evacuation, and repatriation of mortal remains in the

event of death. I am also advised to select insurance that is appropriate to my personal health profile and individual needs. \_\_\_\_\_ initials

h. **Program Rules:** Faculty and staff have the authority to establish rules, covenants and guidelines necessary 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

i. **Academic Responsibilities:** I am responsible for punctual attendance at classes and other activities, for participation in academic studies, for completing assigned work, and for completing any activities outlined in Contract, Consortium, or Exchange study. Failure to complete academic activities may result in loss of credit, academic warning, or involuntary withdrawal from the program. \_\_\_\_\_ initials

j. **Communication with Evergreen:** I understand that it is my responsibility to maintain regular communication with Evergreen staff and faculty who oversee my study abroad programming. I will inform Evergreen faculty and staff of significant independent travel plans or changes in plans, as well as any emergency situations that arise. I also understand that Evergreen will communicate through my Evergreen e-mail account and that I am expected to read and reply to communications in a timely way. \_\_\_\_\_ initials

k. **Student Conduct:** As a participant in approved study abroad, I am subject to state law via 1) the Evergreen Code of Student Rights and Responsibilities, and 2) the Evergreen Social Contract as a guide to behavior.

1. <https://apps.leg.wa.gov/wac/default.aspx?cite=174-123&full=true>

2. <https://apps.leg.wa.gov/wac/default.aspx?cite=174-121-010>

\_\_\_\_\_ initials

l. **Host Country Laws:** As a visitor, I am subject to the laws of the host country. Violations of host country laws are referred to and handled by the appropriate local law enforcement authorities. Neither Evergreen nor any US entity can override or interfere in host country laws. \_\_\_\_\_ initials

m. **Host Country Norms:** I am a guest in a host country, and understand that I must respect norms of conduct, dress, morals, and other behavior that may be different from standards or preferences in my home country. I will adhere to the guidelines suggested by faculty and staff. \_\_\_\_\_ initials

n. **Alcohol & Drugs:** I must observe Evergreen alcohol and drug policies while abroad, in the context of host country laws. The use of illegal drugs is strictly prohibited. The consumption of alcohol is subject to the legal drinking age, and is prohibited during college-sponsored activities or in college sponsored-facilities. Students who abuse this policy are subject to involuntary withdrawal from the program. \_\_\_\_\_ initials

o. **Sexual/Gender-based Harassment or Misconduct:** I understand that sexual harassment, sexual assault, violent behavior, or other conduct disruptive to studies or offensive to the host culture may result in involuntary withdrawal. Furthermore, I understand that under Title IX regulations and protections, Evergreen may take interim actions that separate or remove any alleged perpetrator from normal program activities while a case is being investigated. <https://www.evergreen.edu/policy/sexual-harassment-misconduct>

\_\_\_\_\_ initials

p. **Voluntary or Involuntary Withdrawal** I understand that if I leave my study abroad program early for any reason, including health condition or disciplinary action, I am responsible for the academic, financial and personal consequences of that decision, including my financial aid status. In the case of involuntary withdrawal, I acknowledge that Evergreen faculty and staff have the authority to withdraw me from my study abroad enrollment for violation of rules, behavioral issues, unexpected health conditions, or if safety conditions in my destination country deteriorate. In addition, I am solely responsible for any additional costs arising from my withdrawal. Consortium students are subject to the withdrawal and program termination policies of the consortium. \_\_\_\_\_ initials

q. **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. Consortia programs and organizations incorporated into contracts determine their own policies on cancellations and refunds. \_\_\_\_\_ initials

I re-affirm that I understand items a through q above, and agree to the conditions of participation.

\_\_\_\_\_  
Student Signature Date

\_\_\_\_\_  
Parent or Guardian Signature, Date  
if student is under 18.

## Risk & Liability Release (a.k.a. Travel Waiver)

Read, understand and initial each section carefully.

I, \_\_\_\_\_, have voluntarily enrolled in an Evergreen approved study abroad program, contract, exchange, or consortium program, and agree as follows:

**a. Risks of Study Abroad:** I understand that there are inherent dangers associated with study abroad. These risks include, but are not limited to: accidents, injury, illness, disease, death, 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 that can occur. I understand that 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 resources listed below, and I am willing to accept these risks. \_\_\_\_\_ initials

### International Organization for Medical Assistance to

Travelers: Join for free. <https://www.iamat.org/>

U.S. Centers for Disease Control: <https://www.cdc.gov/>

World Health Organization: <http://www.who.int/home>

### U.S. State Department: Country Information:

<https://travel.state.gov/content/travel/en/international-travel/International-Travel-Country-Information-Pages.html>

### U.S. State Department: Your Health Abroad:

<https://travel.state.gov/content/travel/en/international-travel/before-you-go/your-health-abroad.html>

**b. Voluntary Academic Option:** I understand that my decision to take part in study abroad is voluntary, and is not a requirement for completing my degree at Evergreen. I understand that other options are available for me to earn my degree. \_\_\_\_\_ initials

**c. Independent Activity:** 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 and act independently at times when program activities are not scheduled. If I am enrolled in Individual Contract study, I will be arranging my own itinerary and activities. During any kind of independent activity, I will be responsible for my own safety and will not hold Evergreen liable for any injuries to my person or property as a result of my personal choices. \_\_\_\_\_ initials

**d. Service Provider Arrangements:** 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 my study abroad experience. I understand that Evergreen is not responsible for matters beyond its control. I hereby release Evergreen and any of its agents from any injury, death, loss, damage, accident, delay, or expense arising from the acts or omissions of any host institution, host family, transportation carrier, hotel, tour organizer, or other provider of goods and services involved in my study abroad experience. \_\_\_\_\_ initials

**e. Health Review:** I understand that it is my responsibility to assess my health needs prior to studying abroad; to plan for needed immunizations, medications and services; to request disability accommodations as needed; to ensure that I have appropriate insurance to match my needs; and to understand how to access emergency services for accidents and illnesses that might arise. I have been advised to consult with my personal health care providers as well as Evergreen Student Wellness Services as part of this preparation. I acknowledge that Evergreen faculty and staff **do not** have an obligation or duty to monitor, provide, obtain, or otherwise arrange personal medical care for me. I also understand that Evergreen faculty and staff have the authority to require me to withdraw from study abroad if my health conditions deteriorate while abroad and no longer allow me to participate effectively. \_\_\_\_\_ initials

**f. Insurance:** I understand that, in accordance with state law, Evergreen requires all students studying abroad to have insurance that meets minimum requirements for travel accident, illness, emergency evacuation and repatriation coverage. I have assessed my personal health profile and medical needs, and obtained insurance that meets Evergreen's minimum requirements and supports my personal health profile and anticipated needs. I acknowledge that Evergreen is not responsible for any medical bills I incur, or any required cash deductible payments I must make, and release Evergreen and its agents from any liability or actions. \_\_\_\_\_ initials

**g. Student Authorization of Emergency Medical Treatment:** In the event of an emergency situation where I am unable to express my own medical care decisions, I hereby authorize faculty, staff, designated agents, and/or an attending physician to seek emergency treatment on my behalf if, in their opinion, emergency treatment is necessary to safeguard my health. I acknowledge and agree that nothing in this release shall be understood as creating any obligation or duty on the part of Evergreen to obtain medical care on my behalf. I agree to pay for any charges for emergency medical treatment that are not covered by my personal health insurance, and release Evergreen and its agents from any liability or actions.

\_\_\_\_\_ initials

**h. Program Changes and Cancellation:** I understand that Evergreen may determine that circumstances in a foreign country require the cancellation or early termination of

previously approved study abroad in that country. If I am an Individual Contract student, I also understand that Evergreen has the authority to require my departure from any 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 published study abroad costs are based on current exchange rates, 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

**i. Assumption of Risk and Release of Claims:** Knowing the risks described above, and in consideration of being allowed to travel and participate in study abroad, I agree on behalf of myself, my family, heirs and personal representatives to assume all risks in connection with my study abroad experience, 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

**j. 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 and Release 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 and Release. I acknowledge that this Agreement and Release must be completed, signed and submitted before study abroad approval. \_\_\_\_\_ initials

**k. Student Signature:** I certify under penalty of perjury under the laws of the State of Washington that the foregoing statements are true and correct, and I add my signature in agreement.

\_\_\_\_\_  
Student Signature, if 18 or older

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Printed Name

**l. Parent or Guardian Signature:** I am the parent or legal guardian of the above student, who is under the age of 18. I have read and understand the foregoing Agreement and Release, 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

\_\_\_\_\_  
Parent or Guardian Printed Name