



Office of International Programs  
2700 Evergreen Pkwy NW, LIB 2153, Olympia, WA 98505  
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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



## 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, COVID-19, 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

