

**STUDY ABROAD AGREEMENT BETWEEN
CHRISTIAN BROTHERS UNIVERSITY, ITS OFF-CAMPUS PROGRAM, PARTICIPANTS AND
PARENTS**

NOTICE: The following agreement must be read and signed by each student to participate in any Study Abroad Program connected with Christian Brothers University. If the student is under 21 years of age, it must also be read and signed by his or her parent or guardian. A non-refundable \$200.00 program deposit is due with this application (unless otherwise noted). In the event a participant in the program must withdraw from the program, notification must be made in writing to CBU, and refunds may be made if student finds an applicant to take his/her place.

I, _____ wish to participate in Study Abroad Program having applied on my own volition, and in consideration for being selected for this program and being granted academic credits (if any) for my participation in the program, understand and agree as follows:

1. Health insurance up to \$100,000. (\$250 deductible) is included in the fees paid for the program. I understand that if I desire additional insurance coverage or protection of any type, it is my responsibility to provide it.
2. I understand that the University may establish certain requirements, depending on the nature of study, relating to academic credit, travel, housing, discipline, and deportment just as if the study were conducted on the University's main campus in Memphis, Tennessee.
3. I understand that I must participate in the group travel arrangements coordinated by Christian Brothers University unless I apply for and receive permission to deviate. Airline tickets secured by Christian Brothers University are nonrefundable once purchased. Moreover, penalties imposed by the airline carrier for changes made by a student after purchase of the ticket are the sole responsibility of the student.
4. I waive and release all claims against Christian Brothers University and its agents, including host agencies and any person employed or utilized by the University, for any injury, loss, damage, accident, delay, or expense resulting from events beyond the University's control, including, but not limited to, Acts of God, war, strikes, incidents of politically-motivated violence, sickness or quarantine, and government restrictions or regulations. I also waive and release all claims against Christian Brothers University, and its agents arising from the use of any vehicle, or from the selection of or any act or omission of a host family, steamship, airline, railroad, bus company, taxi service, hotel, restaurant, school, university, or other firm, agency, company, or individual.
5. I understand that the University is not responsible for any injury or loss whatever suffered by its agents and me during periods of independent travel (which I understand are unsupervised) or during any absence from the University's supervised activities.
6. I hereby grant the University and its agents full authority to take whatever actions they may consider to be warranted under the circumstances regarding my health and safety, and I fully release each of them from any liability for such decisions or actions as may be taken in connection therewith. I authorize the University and its agents, at their discretion, to place me, at my own (or my parents') expense, and without further consent, in a hospital within or outside the United States for medical services and treatment, or, if no hospital is readily available, to place me in the hands of a local medical doctor for treatment, or to administer prescription drugs. If deemed necessary or desirable by the University or its agents, I authorize them to transport me back to the United States by commercial airline or otherwise at my own (or my parents) expense (to the extent not covered by insurance) for medical treatment. The University may take whatever action it deems necessary and in my best interests, including transporting me back to the United States or out of the host country at my own (or my parents') expense, due to any international or political unrest, personal emergency, or other event which the University determines, in its sole discretion, warrants action. In the event the University advances or loans any monies to me or incurs special expense on my behalf while I am abroad, I (and my parents) agree to make immediate repayment upon my return.

Health and Safety Questionnaire

Withholding medical information could result in the participant's dismissal from the program.

Preferred Name: _____

Age: _____ Female _____ Male _____ Non-Smoker _____ Smoker _____

Do you have any medical condition(s) – such as allergies, heart disease, emphysema, diabetes, seizures, depression, injuries, recent surgery, etc. – that would be important to know about in case of an emergency?

No __ Yes __ If “Yes”, please specify condition(s) _____

Do you have any food allergies? _____

Do you have any restrictions such as impaired vision, hearing, breathing, mobility, etc.?

Do you require any prescription medications on a regular basis in order to function effectively?

If “Yes”, please list the name(s) of and reason(s) for taking said medication(s) or write “NONE”: _____

Participant Insurance Information

Primary Care Physician: _____ Tel. Number: (____) _____ - _____

CBU reserves the right to contact your physician with questions. 24-hour emergency if available

Do you have private medical/accident/illness insurance coverage? No __ Yes __ Please specify: _____

Name(s) of Insurance Company(s) and Policy Number(s): _____

Please understand that inaccurate answers or omissions of any information requested above could result in harm to you or your fellow program participants.

Signed: _____ Date: _____

(Parent or legal guardian must sign this form if participant is under the age of 18)

RETURN SIGNED FORM TO:

Dr. Emily Forsdick BU 346 or

Mrs. Wanda Anderson BU 342