

Study Abroad Assumption of Risk and Release Form

This document sets out a description of a program for overseas study and travel (the "Program") and provides for a certification of certain obligations and a release and waiver of liability against North Dakota State University ("NDSU" or "University"). Please read before signing.

1. The Program. I will be spending _____ (Dates)
in _____ (Location) with a group of University students and
faculty. _____ (Employee) has arranged air and ground transportation
and hotel accommodations. [_____ (Employee) will be available
in _____ (Location) for advice and assistance with visits to places of
interest, as well as organizing and leading group tours in many of the places visited.] [Optional]

2. Risks of Study Abroad. I understand that participation in the Program specified above involves risk not found in normal study at the University. This includes risks involved in traveling to and within, and returning from, one or more foreign countries; foreign political, legal, social, and economic conditions; different standards of design, safety and maintenance of buildings, public places and conveyances; and local medical and weather conditions. I have made my own investigation and am willing to accept these risks.

3. Institutional Arrangements. I understand that the University 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 or services involved in the Program. I understand that the University is not responsible for matters that are beyond its control.

4. Health and Safety.

A. I recognize that I am responsible for my personal medical needs. There are no health-related reasons or problems which restrict my participation in this Program or, if there are, I have informed _____ (Employee) of same and we have agreed upon a reasonable accommodation.

B. I understand that accident/health insurance is my responsibility. I am covered by health insurance to meet any and all needs or payment of medical costs while I participate in the Program. (Be sure to check if your personal health insurance covers overseas travel). I recognize that the University is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility therefore. If I require medical treatment or hospital care in a foreign country or in the United States during the Program, the University is not responsible for the cost or quality of such treatment or care.

C. I hereby authorize _____ (Employee), in the event of medical emergency to authorize emergency medical treatment on my behalf if I am unable to do so or if there is insufficient time to contact members of my immediate family or, if after a reasonable attempt to do so, they are unable to do so. In the event of such medical emergency, I authorize NDSU to contact:

(Name)

(Relationship)

(Phone)

5. Standards of Conduct.

- A. I understand that as a North Dakota State University student, I will be viewed as a representative of my country and my university. It is my intention to act as a good-will ambassador and conduct myself in a fitting manner. I understand that each foreign country has its own laws and standards of acceptable conduct, including dress, manners, morals, politics, drug use and behavior. I recognize that behavior which violates those laws or standards could harm the University's relations with those countries and the institutions therein, as well as my own health and safety. I will become informed of, and will abide by, all such laws and standards for each country to or through which I will travel during the Program. If I should fall into legal problems with any foreign nationals or government jurisdictions of the host country, I will attend to the matter personally with my own personal funds. DSU does to guarantee what, if any assistance it can provide under such circumstances.
- B. I also will comply with the laws of the United States and with the University's rules, standards and instructions for student behavior. I agree to abide by all the rules and regulations of NDSU with regards to my participation in the above activity. I also understand that NDSU can revoke its consent to my participation in this activity at any time for cause or in the event of cancellation of the trip.

6. Release.

I understand that the University, its employees or agents are not responsible for any injury, loss, damage, delay, irregularity, or expense arising from the use of any common carrier vehicle, accommodations, or services as the result of accidents, strikes, war, weather, sickness, quarantine, governmental restrictions, and other matters beyond the University's power to control. I waive and release all claims against the University and its employees or agents that arise at a times when I am not under the direct supervision of the University or that are caused by may failure to remain under such supervision or to comply with such rules, standards, and instructions. To the extent allowed by law, I further agree and do for myself, my heirs and personal representatives, release and forever discharge NDSU and all of its employees or agents from and against any and all liability, damages, claims, demands, actions or causes of actions, on account of damage to personal property or personal injury or death which may result from my participation herein.

Signature of Participant

Date

Print Name