

Study Away

Student Post-Acceptance Forms

These forms are to be completed only by students who have been formally accepted for Chadron State College study away programs.

This packet contains the following forms.

- Agreement, Assumption of Risk and Release Form
- Emergency Notification Information
- Medical Information Form
- Medical Treatment Authorization

Study Away Agreement, Assumption of Risk and Release

This is an Assumption of Risk and Release of Legal Rights. There are four pages to this document. Read and understand each page before signing. The completed and notarized form must be on file in the Study Away Office prior to departure.

Name of Student ("Participant"): _____

Location (city): _____

CSC Faculty Director: _____

Semester and Year: _____

Risks of Study Away

I understand that participation in the Program is voluntary and involves risks not generally found in study at the College. These risks include: traveling to, within, and returning from, one or more US cities and other matters which may be described in written information concerning this Study Away Program which I may have received and reviewed. I have made my own investigation and am willing to accept these risks.

Orientation

I agree to attend all pre-departure on-campus orientation meetings. In the event that I am unable to attend any or all required pre-departure orientation meetings, on or off campus, I must satisfactorily show that such attendance at such meetings poses an undo or extreme hardship. I further understand that I will hold Chadron State College harmless from any and all liability arising from my failure to attend required pre-departure meetings. I acknowledge that I am responsible for obtaining and making myself familiar with the contents of all pre-departure and orientation materials.

Independent Activity

I understand that no faculty, administration, travel arrangers, or anyone else representing or associated with the College will be supervising me at all times. I will have the opportunity and right to independently leave the group periodically, subject to the Faculty Director's requirements for participation in and attendance at classes and other activities that are a required part of the Program. Therefore, when acting independently of the group, I will be responsible for my own safety and cannot hold the College liable for any injuries to my person or property or any other losses as a result of my participation in the Program.

Institutional Arrangements

I understand that the College 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 the Program. I understand that the College is not responsible for matters that are beyond its control. I hereby release the College from any injury, loss, damage, accident, delay, or expense arising out of any such matters.

Early Departure

If I decide to leave the Program voluntarily prior to its completion, I will provide the College with advance written notice of my intention. I agree that I am solely responsible for any and all costs arising out of my voluntary or involuntary withdrawal from the program prior to its completion, including withdrawal caused by illness, or disciplinary action by the faculty director or other duly authorized CSC representative. I also understand that if I leave the Program prior to its completion, the College has no liability to provide or arrange for transportation, housing, dining, or other services to me in connection with my early departure. I acknowledge that voluntary or involuntary departure from the Program prior to its completion does not automatically result in academic withdrawal and that it is my responsibility to

resolve my enrollment status.

Standards of Behavior (Student Code of Conduct)

I understand that I am subject to the College's Code of Conduct while on my Study Away Program. The Faculty Director will do their best to provide additional standards of acceptable conduct including dress, manners, morals, and behaviors while on this trip. I also understand that I am subject to federal and state laws and recognize that behavior that violates those laws or standards could harm the College and site visits therein, as well as my own health and safety. I understand that if I am involved in a legal dispute, the matter will be referred to, and handled by local law enforcement officials. I will attend to the matter personally using my own funds. I acknowledge that the College does not guarantee what, if any, assistance it can provide under such circumstances. I also understand that the College discourages students owning or operating vehicles during this Program, and assumes no financial responsibility for legal aid or for my care if I am involved in an accident while operating a motor vehicle.

For the health, safety, and welfare of participants, the public, the College, and others, I understand that the College has the right to establish and enforce rules, regulations, and standards of behavior for participation in this Program. I understand that any violation of these rules, regulations, or standards, as published in the Student Handbook or other College publications, or failure to comply with a lawful directive of College personnel acting in performance of their duties, may result in disciplinary actions or sanctions including dismissal from this Program.

I will comply with all rules and regulations issued by the College, faculty director, administration, or any coordinating institution. It is within the Faculty Director's discretion to determine that my violation of such rules and regulations warrant my termination from the Program. I agree that the College has the right to enforce its rules and regulations, in its sole judgment, and that it will impose sanctions, up to and including, expulsion from the Program for violating these rules and regulations or for any behavior that is illegal, offensive, or detrimental to or incompatible with the interests, harmony, and welfare of the College, the Program, or other participants.

I recognize that due to the circumstances of Study Away Programs, procedures for notice, hearing and appeal applicable to student disciplinary proceedings at the College do not apply. There is no appeal of disciplinary action occurring in connection with Study Away Programs. The Faculty Director or other authorized College official has full authority for imposing sanctions, including expelling a student and sending the student home prior to completion of the Program. At the discretion of the Faculty Director or CSC administration, I may or may not face further disciplinary action when I return.

I agree that I will (a) not buy, sell, or use illegal drugs at any time, (b) not engage in abusive use of alcohol, (c) not engage in disruptive behavior, and (d) participate in all classes and scheduled activities unless excused. I understand that if I am found using or possessing illegal drugs in any form while in the program, I am subject to immediate expulsion from the Program. Violent behavior, sexual harassment, or other conduct disruptive to the Program or offensive to the host culture may result in my dismissal from the Program.

If I am expelled from the Program for any reason, I consent to being sent home at my own expense with no refund of tuition or fees.

Financial Responsibility

I am responsible for any and all required payments and charges applicable to the Program and my participation in the Program is contingent upon making all payments or financial aid arrangements by the stated due dates and completing and submitting all required forms before the start of the Program. I understand that failure to submit forms or payments may result in late enrollment penalties or my being dismissed from the Program. I understand the Program's cancellation policies and fees and agree to abide by them. I have read, understand, and will abide by the terms of all "Study Away" policy and procedure

materials provided to me by the College.

Program Changes

The College may, in its sole discretion, determine that circumstances may require the cancellation of the Program. The College will provide as much advance notice as possible of its intention to cancel the Program in which I participate. I also understand that the College or the on-site coordinators may prematurely terminate the Program.

I understand that the College's fees and Program charges are based on current airfares, lodging rates, and travel costs, which are subject to change. I understand that the College reserves the right to adjust fees to reflect changes both in the exchange rate and in charges such as, but not limited to, tuition, fees, room, and board.

Once the travel portion of the Study Away Program has begun, I understand that if I leave or am expelled from the Program for any reason, there will be no refund of Program expenses, tuition or fees already paid or owed. I accept all responsibility for loss or additional expenses due to delays or other changes in the means of transportation, other services, or sickness, weather, strikes, computer problems, or other unforeseen causes. If I become sick or injured, I will, at my own expense, seek out, contact, and join the Program group at its next available destination. The College bears no liability for any losses or claims incurred by me in connection with my own early termination from the Program or the College's termination of its participation in the Program. If I decide to remain in the Study Away Program location after receiving notice of the College's intent to terminate the Program, I bear complete responsibility and liability for my own care and safety.

Health, Accidents, and Safety

I have consulted with a medical doctor with regard to my personal medical needs and to the best of knowledge, there are no health-related reasons or problems that preclude or restrict my participation in this program. I recognize that the College 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 during the Program, the College is not responsible for the cost or quality of such treatment or care.

Capacity to Act

The College may (but is not obligated) to take any action it considers warranted under the circumstances regarding my health and safety. Should I be in a position where I am incapable of acting on my own behalf, the College's representative away shall be duly appointed attorney-in-fact for me and for my parent, guardian, spouse, or next of kin. I hereby authorize the College and/or its representatives to procure all necessary medical assistance while I participate in this Program and to authorize any competent medical person to do all things reasonably necessary to treat any injury or illness (including hospitalization, administration of anesthetic, surgery, or prescription of medication) that occurs during my participation in the Program. I agree to pay all expenses relating thereto and release the College from any liability or any actions. It is further agreed that, if my condition so required, I may be returned to the United States at my expense. I agree that if the College or its representatives make any payments on my behalf, I will reimburse the College or its representatives.

Assumption of Risk and Release of Claims

I understand that participating in a Study Away program involves additional risks and hazards not found while studying on the College campus. Aware of these risks and in consideration of being permitted to participate in the Program, I agree on behalf of my family, heirs, and personal representatives to assume all risks and responsibilities surrounding my participation in the Program. I and my heirs, successors, and assigns agree to release, indemnify, and hold harmless Chadron State College, its past and present Nebraska State College Board of Trustees, officers, employees, agents and the heirs, successors, and assigns of each from any and all loss, cost, damage, injury or illness, death, liability, or expense (including reasonable attorney's fees) resulting in or arising from my participation in the Program (including periods in

transit to or from any cities where the Program is being conducted).

Health Insurance

I understand that I will be enrolled by the College in an accident and health insurance policy designed for students traveling. The coverage period is for the entire duration of the travel portion of the Study Away Program. The cost of the insurance depends on the age of the participant. The premium is included in the cost of the Program. Students may not refuse the coverage.

I have read and understand the terms above and agree to abide by all stated terms of this agreement and of all other policies and requirements of Chadron State College. No representations, statement, or inducements, oral or written, apart from the foregoing written statement have been made.

Student's Name (print)

Student's Signature (sign in presence of notary)

Date

NOTARY

State of _____ County of _____. Subscribed and sworn to before me, a Notary Public within and for the County and State above set out this _____ day of _____, 20_____.

Notary

My Appointment Expires

**Parental or guardian signature is required if the applicant is 18 years of age or younger, or if the applicant is considered a dependent for federal income tax or federal financial aid purposes.*

I am the parent or legal guardian of the applicant above and have read, understand, and agree to all terms and conditions of the preceding Short-term Study Away Agreement, Assumption of Risk, and Release. By signing below, I acknowledge that I am legally responsible for the obligations and acts of the applicant, and agree for myself and the applicant to be bound by its terms, including such parts as may subject me to personal and financial responsibility.

Parent's or Guardian's Name (print)

Parent's or Guardian's Signature (sign in presence of notary)

Date

NOTARY

State of _____ County of _____. Subscribed and sworn to before me, a Notary Public within and for the County and State above set out this _____ day of _____, 20_____.

Notary

My Appointment Expires

Study Away Emergency Contact Information

Please provide the following information for at least two people that Chadron State College is authorized to contact in the event of an emergency.

Student Name: _____
Sponsoring Department: _____
StudyAwayLocation: _____
Semester and Year: _____

Primary Contact:

Name of Individual to be Notified in Case of Emergency		Relationship	
Address	City	State	Zip
Home Telephone #		Other Telephone #	

Secondary Contact:

Name of Individual to be Notified in Case of Emergency		Relationship	
Address	City	State	Zip
Home Telephone #		Other Telephone #	

Study Away Medical Information

The purpose of this form is to document your health history and any special dietary and medical needs you may have when studying away. Information provided will be treated confidentially on a “need-to-know” basis. Your Study Away Faculty Director will retain this information for the purpose of serving you as promptly and accurately as possible in the event that you require medical or counseling attention during your time away.

Name of Student (print): _____ Gender: Male Female

Study Away Title, Program Location: _____

Month/Year of Travel: _____

Do you have any special Dietary Needs? Yes No If yes, explain: _____

Are you currently in good physical condition? Yes No If no, explain: _____

Do you have any physical or psychological conditions that could impact your ability to participate fully in this program? Yes No If yes, explain: _____

Are you diabetic? Yes No

Do you have a heart condition? Yes No

Do you have asthma? Yes No If yes, do you take medication?

Have you ever been treated for an emotional disorder? Yes No If yes, describe: _____

Do you have any allergies to foods, medications, environmental factors, insects, etc? Yes No If yes, describe your reactions:

Have you ever had epilepsy or seizure disorders? Yes No

Do you have or have you had any eating disorders? Yes No

Are you currently taking any medication? Yes No If yes, describe: _____

Are you on a restricted diet? Yes No If yes, describe: _____

Do you anticipate needing any health care or counseling while away? Yes No If yes, describe: _____

What diseases have you had in the past five years (if any)? _____

Describe any additional health information that would be essential or helpful for the faculty director to be aware of during the study away experience: _____

I certify that all responses made on this medical information form are true and correct, and I will notify the faculty director of any relevant changes in my health that occur prior to the start of the Program. I understand that this form is for information purposes only and in no way implies that the faculty director, Chadron State College, or the Nebraska State College System Board of Directors, or any designees of the above takes responsibility for my health.

Student Signature

Date

Study Away Medical Treatment Authorization

On occasion, emergencies may arise that require immediate medical care, hospitalization, or surgery for a participant. By signing this agreement, you are authorizing the CSC faculty director or other CSC appointed official to secure, at the expense of the participant, any medical treatment or procedures reasonably deemed necessary.

In the event of an injury or illness, I hereby authorize the College and/or its representatives to procure all necessary medical assistance while I participate in this Study Away Program and to authorize any competent medical person to do all things reasonably necessary to treat any injury or illness (including hospitalization, administration of anesthetic, surgery, or prescription of medication) that occurs during my participation in the Program. I also agree to allow Chadron State College and/or its representatives to provide appropriate medical personnel with any available documentation about my medical history that will assist in my treatment. I agree to pay all expenses relating thereto and release the College from any liability or any actions. It is further agreed that, if my condition so required, I may be returned to the United States at my expense. I agree that if the College or its representatives make any payments on my behalf, I will reimburse the College or its representatives.

Student's Name (Print)

Student's Signature

Date

NOTARY

State of County of _____. *Subscribed and sworn to before me, a Notary Public within and for the County and State above set out this _____ day of _____, 20_____.*

Notary

My Appointment Expires

Parental or guardian signature is required if the student applicant is 18 years of age or younger or if the applicant is considered a dependent for federal income tax or financial aid purposes.

I am the parent or legal guardian of the above student and have read and agree to the terms of the foregoing Medical Treatment Authorization Form, including such parts that may subject me to personal financial responsibility. I am and will be legally responsible for all expenses and financial obligations incurred in the event of treatment and/or evacuation to the United States and agree for myself and for the student to be bound by all terms of the Medical Treatment Authorization.

Parent/Guardian's Name (Print)

Parent/Guardian's Signature

Date

NOTARY

State of County of _____. *Subscribed and sworn to before me, a Notary Public within and for the County and State above set out this _____ day of _____, 20_____.*

Notary

My Appointment Expires