



Saint Louis University Statement of Understanding, Responsibility and Risk

I, _____, have voluntarily decided to study abroad during _____
Please print your name) (Summer or semester/year)

at a study abroad/exchange program of my choice.

I acknowledge there are cultural and educational benefits to this study abroad/exchange program that are likely to enhance my educational experience but that my participation in the program is elective and that no one is requiring my participation in this program. I further acknowledge that to the extent that this program generates course credits, I have the option of completing alternative courses in lieu of participating in this program.

I acknowledge that after careful personal review, I understand the full scope of activities, risks, limitations and potential benefits associated with the program.

In consideration for the opportunity to participate in the program, I voluntarily and without reservation, and on behalf of myself, my heirs, and my estate, hereby release, waive, discharge and hold harmless Saint Louis University, its trustees, officers, servants, agents, and employees (hereinafter referred to as Releasees) from any and all liability, claims, demands, actions and/or causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, whether cause by the negligence of the Releasees, or otherwise, while participating in the program, or while in, on, upon, or enroute to or from the location(s) where the program is being conducted. I further agree to indemnify and hold harmless the Releasees from any direct or indirect loss, liability, damage or costs, including court costs and attorneys' fees that they may incur due to my participation in the program. It is my express intent that this release shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be deemed as a release, waiver, discharge, and covenant not to sue the Releasees. I hereby further agree that this agreement shall be construed in accordance with the laws of the State of Missouri.

Behavioral Expectations

I am aware of the behavior that is expected of me while participating in the program. I am aware that, as a guest in a foreign country and a student of Saint Louis University, there is certain inappropriate behavior that will be unacceptable and such behavior could lead to possible disruption/expulsion from the program. I hereby assure Saint Louis University that I shall conduct myself in a professional and appropriate manner at all times. Such behavior shall include moments when in the company of other program participants, staff and students at the host institution, and moments when I may be physically separated from other program participants or staff. I agree that the program may have in place specific rules and responsibilities or may promulgate the same from time to time and shall have the right to enforce such. I understand that the program may at any time terminate my participation for failure to maintain these standards or for any actions or conduct which the program considers to be incompatible with the interests, harmony, comfort, and/or welfare of the program or the other students participating in the program. If my participation is terminated, I consent to be returned to my home at my own expense with no refund of any fees.

Academic Responsibilities

I acknowledge and understand that I am responsible for maintaining a full-time course of study, taking at least 12 semester credit hours per semester. (Or minimal of 3 semester credit hours for summer programs). I know I must attend all classes, take all examinations and do all assigned work. I am responsible for the classes that I have selected and such classes have been approved by the appropriate academic advisor. I realize that if I take courses without prior approval the class credits may not be applicable towards my degree. Further, I am fully aware and understand that if I do not receive the necessary courses abroad toward progress in my degree program, I may not graduate as anticipated.

Legal Issues

I understand that I will be subject to the laws of the host country. I acknowledge and understand that should I fall into legal problems with any foreign nationals or governmental jurisdictions of the host country, or any host country in which I travel, I will attend to the matter personally with my own personal funds.

I am aware that in many countries the penalty for the possession of illegal drugs is imprisonment and sometimes death and neither the Saint Louis University nor the American Embassy is able to help. Among other things, possession of illegal drugs or related paraphernalia may be grounds for immediate termination from the program and will be sent home at my own (or parent's/legal guardian's expense).

Medical Responsibility:

(A) Understanding and Waiver: I understand that there are certain risks inherent in international travel and even greater risks in a study abroad/exchange program, which may include additional travel. I further understand that serious injuries occasionally occur during participation in travel and participants in activities associated with travel occasionally sustain mortal or serious personal injuries, property damage/loss, or severe economic and social loss as a consequences of not only their own actions or negligence but the actions or negligence of others or the conditions of travel or equipment used and that there may be other risks not known to me or not reasonably foreseeable at this time.

I understand that Releasees cannot assume responsibility for any of my activities whether or not related to the program. I hereby release, waive, and discharge Saint Louis University, its directors, faculty, staff and agents from all liability to the undersigned, his/her personal representative, assigns, heirs and next of kin for any medical loss, damage, or injury, and any claim of demand to the undersigned while participating in this program.

(B) Health: I am aware of my personal medical needs and I have consulted with a medical doctor as I deem necessary. I certify that to my knowledge I currently have no medical problems that would adversely affect my participation in the program or travel related to the program.

(C) Emergency Medical Care: In the event of a medical emergency, I authorize SLU and/or its agents to secure from any hospital, physician or other medical personnel any treatment deemed necessary for my medical care. I fully release each individual from liability for such decisions or actions taken in this regard. I understand and agree that I will be responsible for payment of such treatment rendered.

(D) Hospitalization & Insurance: I understand that, as part of the program, I'm required to enroll in Saint Louis University's International Insurance Plan. I am aware that, should I be required to be hospitalized while in the host country, or other foreign country, or in the US as part of the program, Saint Louis University and/or my home institution cannot and do not assume any legal responsibility for payment of such costs. I hereby assure Saint Louis University and/or my

home institution that I have assumed all risks and responsibilities, and that I have adequate medical insurance (international and domestic) to meet any and all needs for payment of hospital costs during the study abroad/exchange program including during travel segments, if any. the SLU International Insurance i

Other Items

I acknowledge that it is my personal responsibility to conduct all due diligence and obtain all documents required for entering my host country, or any foreign country or countries, and that my failure to obtain these documents does not constitute grounds for withdraw with refund, except if the host country has refused an entry visa after following all the proper procedures. I am responsible to attain all applicable visas and endorsements.

Without additional consideration, I give Saint Louis University, in perpetuity, my permission to use, for promotional purposes, any photographs or movies taken in the course of my participation in the program.

I agree that Saint Louis University reserves the right to make cancellations, changes, or substitutions in the event of emergencies or changed conditions, or in the interest of the group. Saint Louis University shall have the right at any time upon twenty-four hours notice (by posting to the University web site, written notice or otherwise) to alter all or part of the rules and responsibilities associated with any study abroad/exchange program or adjust related fees as deemed appropriate by the University.

I understand that this agreement applies to my entire participation in the program including any excursions.

I acknowledge that I have read this document in its entirety, understand its significant legal consequences, and that I sign it voluntarily.

Name of Student (Print)

Date

Signature of Student

If under 18 years of age:

Name of Parent (Print)

Date

Signature of Parent