

UNIVERSITY OF MASSACHUSETTS STUDY ABROAD PROGRAM AGREEMENT AND RELEASE FOR STUDENTS

Student Name: _____ Student ID No.: _____

UMass Campus: _____ Proposed Study Abroad dates/term: _____

PERMISSION TO SHARE INFORMATION. I give the University of Massachusetts and my host institution abroad permission to communicate with each other and my parents or other emergency contact person (specified below), and/or governmental authorities regarding all issues surrounding my education-abroad experience. This may include but is not limited to student account information, student conduct issues, health and safety, or academics; such contact may occur before, during or after the program. I understand that, if I have any pending legal or disciplinary action, outstanding financial obligations to the University of Massachusetts, and/or am on academic probation, I may not be eligible to study abroad until these issues are resolved.

EXPULSION POLICY. I agree that upon the decision of the Study Abroad office at home campus, my participation in the program may be terminated if I engage in action endangering me or others or jeopardizing the success of the program or do not abide by the rules set forth by the program director, the host institution, and the laws of the host country/ies. I further agree that if expelled from the program, I will be responsible for all expenses associated with my early withdrawal from the program and incurred in returning to my point of origin. In the event of such expulsion, I further agree that no refund of the program, travel costs or fees will be given.

ACADEMIC GUIDELINES. I agree that if I am studying abroad for a semester long program that I must take a course load that is equivalent to full-time status at the University of Massachusetts, unless otherwise approved. I agree to have all courses approved through the Study Abroad office at home campus. I acknowledge that failure to do so may jeopardize credit and grade transfer. I acknowledge that I must achieve a minimum C- (1.7 on a 4.0 scale) for undergraduate courses and B (3.0 on a 4.0 scale) for graduate credits to be able to receive transfer credits on pre-approved/authorized courses. I acknowledge that all courses must receive a letter grade to be considered. I agree to meet all academic requirements and abide by the policies of the host university, college, or program sponsor in addition to all University of Massachusetts academic policies.

PROGRAM PARTICIPATION. I agree to participate fully in all parts of the education abroad program (including instructional, cultural, and social elements) organized for the program, as set out in the program information and by the host institution (s). I understand that I must fully participate in the program coursework, and that any deviation from the normal course schedule and/or program design must be approved in advance in writing by the director of the program.

HOST COUNTRY/INSTITUTION REGULATIONS. I agree to abide by all rules, laws and regulations of the destination country/ies and to abide by all rules and regulations as set out by the program and the host institution(s). I understand that should I violate the laws and regulations of any country/institution visited as part of this educational program, the University of Massachusetts may not be held liable for such conduct and reserves the right (to be exercised by the Program Director or the administrative official responsible for the program) to terminate my participation in the program and to return me to the United States at any time without remission of any unused portion of fees paid in the event. Furthermore, I understand that the Student Code of Conduct established by the University of Massachusetts applies to all students on and off-campus, including during domestic and international travel. Reports of violations of the Code while studying abroad could result in conduct proceedings through Student Affairs upon my return to campus.

HEALTH INFORMATION. I acknowledge that I will make my own arrangements for any medications/treatments that have been recommended for me by my doctors, and that such arrangements will not be the responsibility of the University of Massachusetts. I agree to take any medications, as prescribed, that are necessary to stay healthy, including medicines needed to manage mental illnesses or other chronic medical condition during my participation in this program.

MEDICAL INSURANCE. All participants are required by University policy to maintain some form of **primary medical insurance coverage**—valid for emergencies in both the U.S. and the host country—before, during and after the student’s time abroad. Further, Students must make sure their own primary medical insurance is not cancelled while abroad, whether it is insurance through a parent’s policy, or through your home university’s insurance arrangement. Many insurance companies have specific guidelines for “out-of-area” use and it is the student’s responsibility to follow those guidelines. All students participating in an approved study abroad program have an international emergency travel insurance package provided by the University specifically for the dates covered by the study

abroad program. *Any additional travel that the individual undertakes on their own initiative either before or after the program is NOT covered by this insurance.* This coverage is valid overseas only and not within the U.S. This insurance specifically covers:

- Emergency Sickness or Accident Insurance
- Emergency Medical Evacuation back to the United States
- Repatriation of Remains to the United States or home country

Participants are enrolled in this plan automatically by completing the required application paperwork for the international programs office, and students will receive a wallet card through their Faculty Director or IPO Advising Center.

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT OR SURGERY

I understand that while I am enrolled in a University of Massachusetts Education Abroad Program occasions may arise when sickness or accident require routine or emergency medical or surgical treatment. I hereby grant permission for my submission to emergency medical care, including anesthetic, blood transfusion and surgery, during the period of the program, as recommended by medical authorities. I authorize the release of my medical records to attending physicians. I further understand that a physician or medical or surgical treatment facility may require that a program administrator be in a position to give an authorization to render the medical or surgical service, and to give reliable assurance that payment for such services will be made. Accordingly, to help ensure that I am not precluded from receiving needed treatment, I authorize the University of Massachusetts and its agents and employees to obtain needed medical and surgical services for me. I agree to pay such fees and charges as may result from the provision of such medical and surgical services and to reimburse the University of Massachusetts, its agents and employees, for any fees or other expenses it or they might reasonably incur should it or they be required to pay any such fees or charges or other costs incidental to the providing of such services. Also, I desire to assure the University of Massachusetts that I will pay the charges for such services that may be arranged for by the University, or its Program Director, if my medical insurance does not fully cover all such charges. I also understand that normally the University will notify my emergency contact in advance of any unusual medical or surgical procedure that may be required, but agree that no such advance notice is expected unless it may be practically and conveniently given.

EMERGENCY CONTACT PERSON (parent or other while you are abroad): In the event of any emergency during the time that I am a participant in the program, (for example if I should suffer any physical injury or other threat for my mental or physical well-being), I hereby give permission to representatives of the University of Massachusetts and the program to notify the following named persons of my whereabouts and/or my condition:

Name: _____

Relationship: _____ E-Mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home (____) _____ Work: (____) _____ Cell: (____) _____

ANY ADDITIONAL PERSONS TO BE NOTIFIED IN CASE OF EMERGENCY (OPTIONAL):

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

In the event of an emergency during the time that I am a participant in the program, I give permission to representatives of the University of Massachusetts and this program to provide the following information to the news media, appropriate governmental authorities, and/or any other entity the University deems appropriate: to confirm or deny my status as a student of the University of Massachusetts; to confirm or deny my status as a participant in the above specified study abroad program; and to confirm or deny information concerning my whereabouts, health and safety.

REQUIRED PRE-DEPARTURE ORIENTATION. I understand that I will not be eligible to travel until I complete the University's pre-departure orientation requirements.

US STATE DEPARTMENT STEP PROGRAM. I understand and acknowledge that it is my responsibility to register with the Smart Traveler Enrollment Program (STEP) at <https://step.state.gov/step>, a free service provided by the US State Department to keep US citizens updated on any crisis in the area in which they are traveling.

RELEASE

The University of Massachusetts recognizes my study abroad or international program as a proper educational academic and experiential activity for those students desiring to participate. This program will require travel to locations off the campus of the University of Massachusetts with the usual potential for risk of personal injury or damage to property associated with such travel, and I acknowledge that I am participating in this program voluntarily.

I have been made aware of the risks of international travel including, but not limited to crime, terrorism, war, serious bodily injury or death, property damage and other risks that may not be foreseeable. I further understand that the risks of travel include transportation delays, fare changes, dishonors of hotel, airline or vehicle rental reservations, missed carrier connections, accidents, sickness, disease, injuries (including death), losses, damages, weather, strikes, natural disasters, and other circumstances beyond the control of the University.

I understand that if I should confront a legal problem, the University of Massachusetts cannot officially represent me or my legal interests in dealing with a foreign legal system; nor can the University assume any direct responsibility for the actions of a foreign government. As part of the consideration for participating in this program and related travel, I am fully aware of the U.S. State Department Travel Warnings and Travel Alerts, as well as the Centers for Disease Control Travel Health Notices pertinent to the country or region to which I am traveling. I have carefully considered described warnings and acknowledge that at any time warnings may become of a more urgent matter. I acknowledge that I am not required to participate in this activity and have elected to do so knowingly and voluntarily with full knowledge of all potential risks/dangers. The University of Massachusetts reserves the right to cancel any Program that subjects students, faculty, or others to any unsafe and/or dangerous situation.

I know that I am voluntarily participating in the Education Abroad Program in _____ (country) despite the above risks. I agree to accept, assume, and take upon myself all risk and responsibility in any way associated with this travel and related activities. I understand that the University of Massachusetts is not responsible for my safety. In consideration of the services, assistance and facilities provided by the University of Massachusetts for these activities and travel, and by my signature below, I agree to release, discharge, indemnify, defend and forever save free and harmless the University of Massachusetts (and its Trustees, officers, employees, and agents) from any and all liability, claims and actions (including reasonable attorney's fees and costs) that may arise from and/or related to my injury or harm to me, from my death or from loss or damage to my property or any other claims, actions and disputes whatsoever, which arise from and/or relate to my travel and associated activities. I understand that this RELEASE covers liability, claims, actions and damages caused entirely or in part by any acts or failures to act of the University of Massachusetts (or its Trustees, officers employees, or agents), including but not limited to negligence, mistake, or failure to supervise or train, or any other conduct by the University of Massachusetts.

I recognize that this RELEASE means I am giving up, among other things, rights to sue the University, its Trustees, officers, employees, and agents for injuries, damages, or losses I may incur. I also understand that this Release binds my heirs, executors, administrators, and assigns, as well as myself.

I have read the above Conditions of Membership and Release, fully understand their terms and agree to be legally bound by them.

Applicant Signature/

Date

I certify that I am over 18: _____

Home address: _____

Witness Signature

Witness Print First Name, Last Name

Witness Street Address

Witness City, Zip, State

Witness Phone Number

Important: While this agreement must be witnessed, it need not be notarized.

You will not be allowed to participate in your Education Abroad Program unless this signed form is returned!