
STUDY ABROAD PARTICIPANT AGREEMENT

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PLEASE PRINT CLEARLY

STUDENT NAME: _____

BANNER ID NUMBER: _____

STUDY ABROAD DESTINATION: _____

PROGRAM DATES: _____

HOST/FOREIGN UNIVERSITY: _____

CONSORTIUM/PROGRAM PARTNER: _____

I hereby agree as follows:

I. PROGRAM ARRANGEMENTS:

I understand that although North Carolina Central University (NCCU or the University) will attempt to implement the program as described in its documentation, it reserves the right to change or cancel the program at any time and for any reason it deems sufficient to promote program objectives, safety issues, or institutional needs. I further understand that if changes or cancellation occurs, I may not have any fees or expenses refunded. In addition, I understand that I am responsible for all program fees as well as all debts, costs, and expenses incurred abroad other than those covered by the required program fees. Also, I understand that if I leave or am excluded from the program for any reason there will be no refund of fees paid or expenses incurred. Moreover, I agree to fulfill all mandatory pre-departure requirements. I understand that I am responsible for maintaining the required course load while abroad. I agree to attend classes regularly unless prevented by illness or unavoidable circumstances. I will save copies of all relevant coursework for review by my advisor. Additionally, I understand that I am responsible for ensuring the transfer of study abroad/foreign transcripts to NCCU. Furthermore, I understand that I am responsible for my own accident, travel, baggage, missed flight and life insurance coverage.

II. ASSUMPTION OF RISK:

I fully understand that this program will expose me to many risks associated with foreign travel and participation in a program abroad. I fully accept this possibility of risk and assume all risks associated with this program.

III. STANDARDS OF CONDUCT AND ACKNOWLEDGEMENT OF MY RESPONSIBILITY

I agree to comply with all rules, regulations, and laws of the respective countries to be visited, all travel regulations, any rules or precautions issued by the University, its representatives, by any associated institutions or organizations, or the United States government. I agree to comply with the

NCCU Student Handbook throughout the program. I agree that if I violate those standards, rules, or regulations, I may be disciplined, including immediate exclusion from the program. I explicitly waive all claims based on alleged inadequate disciplinary procedures. I understand that any additional costs incurred, as a result, will be my responsibility. In addition, I understand that I may be subject to further disciplinary, civil and/or criminal action upon my return to the University.

IV. SAFETY ISSUES AND LIMITS ON RESPONSIBILITY:

I understand that there are safety risks associated with the program and travel and that the University is not responsible for such injuries, damages, or loss. In addition, I understand, acknowledge, and agree that the University cannot and does not:

- Guarantee the safety of participants or eliminate risk from the study environment;
- Monitor or control daily personal decisions; and
- Prevent participant from engaging in illegal, dangerous, or unwise activities.

V. HEALTH AND HEALTH INSURANCE:

I agree to obtain and maintain appropriate insurance through the University or compatible to that of the University, with a minimum coverage of medical evacuation and repatriation, and abide by the conditions imposed by the carriers for the entire duration of my study abroad program. I agree that I have or will have consulted with a qualified medical doctor or comparable health care provider regarding my personal needs such that there are no health related reasons or problems that preclude or restrict my participation in the program. I am aware of all my applicable personal medical needs. I understand that travel abroad may expose me to certain conditions, disease and illnesses. Therefore, I have acquired or will have acquired before the start of the program, all immunizations and medications for the countries that I am visiting, required by the United States Center for Disease Control. I understand that I am financially responsible for all of my costs and expenses whether or not covered by insurance.

VI. RELEASE OF CLAIMS AND WAIVER OF LIABILITY:

I therefore agree to release, waive liability, hold harmless, discharge, and indemnify North Carolina Central University, the UNC Board of Governors, University officials, employees, agents, and volunteers from any liability, claim, demand, costs, or expenses that may be asserted arising from or by reason of personal injury; illness; property damage; any cause or occurrence beyond the control of the University or its agents, including natural disasters, wars, civil disturbances, terrorist acts; or other consequences or events arising from my participation in the program. This release also binds my parents, siblings, heirs, executors, successors, and assigns.

VII. INTERPRETATION OF AGREEMENT:

I agree and acknowledge that the laws of North Carolina govern this agreement and that North Carolina will be the forum for any lawsuit, hearings, or adjudications filed incident to this agreement or to the program. Moreover, I agree that if any provision or aspect of this agreement be found to be unenforceable that all remaining provisions of the agreement will remain in effect.

VIII. VOLUNTARY ACKNOWLEDGEMENT:

I acknowledge that I have read this entire document and agree and fully understand its terms. This agreement supersedes any previous or contemporaneous understandings that I may have had with the University, its agents, whether oral or written. I knowingly and voluntarily agree to its terms. I further understand that before I sign this agreement, I have the right to consult with the advisor, counselor, or attorney of my choice. By signing it, I am assuming the above stated participant responsibilities. In addition, I represent that I am at least eighteen years of age or if not, I have secured below the signature of my parent or guardian, as well as my own.

Name of Participant (Please Print)

Date

Signature of Participant

Name of Parent/Guardian (Please Print)

Date

Signature of Parent/Guardian (if student is under 18)