

Office of International Programs
Bridgewater State College Overseas Travel
Program Participant Agreement

I _____ agree to fulfill all financial
(print full legal name)

and academic obligations incurred while participating in the following study away educational program:

(print name of program and host institution in full)

which will begin on _____ and end on _____ and I understand that failure to do so may affect my education abroad status and/or my status at Bridgewater State College. I further understand and agree to the following program conditions:

1. **ADMISSION:** I shall qualify for admission to the program by satisfying all study away admission requirements, including payment of tuition and fee changes as described in the program payment and refund schedule.
2. **RELEASE OF INFORMATION:** I give permission to the Office of International Programs to verify with the Judicial Office and Office of Student Records that I am not on disciplinary or academic probation, which would invalidate my eligibility for the education abroad program.

Further, I authorize the Office of International Programs and the host institution to obtain and release information appropriate to my application and participation in the education abroad program including: letters of recommendation, academic records, disciplinary, judicial and criminal reports and other similar records for the purposes of placement, participation, continuation or termination

3. **ELIGIBILITY AND ACADEMIC PROGRESS:** I understand that I have been accepted to participate in this program contingent on my maintaining all eligibility requirements prior to and during the period of the program. If eligibility is not maintained the College or host institution can terminate my participation in the program. All expenses related to termination are the responsibility of the student.

I will enroll in (number) _____ of credit hours or the equivalent and remain in good academic standing while participating in the program. Failure to do so may jeopardize my participation in the study away program as well as my academic record at Bridgewater. I am responsible for submitting in advance all forms as required by BSC and the host institution, such as a Transfer of Credit Form for each course for which transfer credit will be requested. I understand that additional information may need to be provided at the completion of the program before final credit approval is given.

I understand that course pre-requisites required by BSC and the host institution must be met, that I am responsible for verifying pre-requisites, and that course registration at the host institution is based on availability of offerings and cannot be guaranteed.

4. **PERSONAL CONDUCT:** I agree to conform to all applicable rules, regulations and policies of Bridgewater State College, the BSC Office of International Programs and the host institution. I also agree to abide by policies governing student conduct, both academic and otherwise, as published in the *Bridgewater State College Handbook*.

I understand that the College has the right to withdraw a student from the program at any time because of violation of such rules, disruptive behavior, academic reasons, or for conduct that could bring the program into disrepute or participants into legal jeopardy. Such decisions will be final and no refund will be made. I will not hold the College liable for any claims incurred by reason of failure or refusal to conform to the requirements. All expenses related to termination or withdrawals are the responsibility of the student.

5. **TRAVEL:** I understand that I will be traveling during the program by various modes of transportation including, but not limited to, plane, train, bus, van, boat or foot. I release Bridgewater State College and its staff from my responsibility for loss of property, injury or death during travel. I understand that at any time I may choose not to stay with the BSC group and/or leader but I am responsible for informing the group leader, in writing, of such changes. I also acknowledge and understand that in the event that I choose to leave the group, become detached from the group, fail to meet a departure flight, bus or train, or become sick or injured, I will bear all responsibility to seek out, contact, and reach the group at its

next available destination. I understand that I shall bear all costs attendant to contacting and reaching the program site. I understand that neither Bridgewater State College nor its staff are responsible for me during this period.

6. **PROGRAM CHANGES:** The program is described generally in the literature provided to the participants. I understand and agree that the information is descriptive only and that Bridgewater State College and its employees reserve the right to make any changes in the published itinerary and to withdraw, alter, delete and/or modify the itinerary with respect to cost, dates, times, and academic content or any other aspect of the program whenever, in their judgment, conditions warrant, or if they deem it necessary for the comfort, convenience or safety of participants. I agree to pay any increase in the program price resulting from these changes. I also understand that I may make alternative arrangements if at any time I am unable or unwilling to participate in an activity that has been arranged by the College. I am responsible for paying all expenses incurred, informing the group leader in writing of my whereabouts and plans, and making all arrangements for travel and course work completion. Any alternative plans are the full responsibility of the student.

Accordingly I agree to accept all responsibility for loss or additional expenses due to delays or other changes in the means of transportation, other services, accommodations, sickness, weather, labor strikes, currency conversion rates or any other unforeseen causes.

7. **MEDICAL TREATMENT:** I hereby acknowledge that I will be in good health at the time of trip departure and I have fully disclosed any health, physical and psychological problems on the Medical Report Form. I have consulted with a health care provider, as necessary, with regards to any physical or psychological needs associated with this program. In the event of injury or illness, I authorize Bridgewater State College, by and through its official representative(s), to secure medical, dental or first aid treatment on my behalf. Included is the administration of an anesthetic and surgery, and such medication as may be prescribed. I agree to accept all financial responsibility for such treatment. It is further agreed that, if my condition so requires, I may be required to return to the United States, at my own expense. BSC must be reimbursed for any expenses within 10 days of program completion.
8. **INSURANCE COVERAGE:** I understand that I am required to maintain adequate health, accident, disability and hospitalization insurance during the enrollment period and must provide documentation of health care insurance, which includes evacuation and repatriation coverage, to the Office of International Programs prior to departure. I understand that the College highly recommends that each participant purchase travel insurance. I am responsible for filing and negotiating all insurance claims directly with the insurance company.
9. **GENERAL RELEASE AND WAIVER:** I expressly understand and agree to hold harmless, defend and indemnify the College and its staff, the Board of Trustees, and any cooperating institution and their staff, from any and all liability for inconvenience, damage to or loss of property, medical or hospital care, or injury, illness or death during the period of the program; arising on the part of fellow participants, host family members, agencies and educational organizations, or persons or groups with which the College contracts for the provision of services for the program.
10. **LEGAL RESPONSIBILITIES:** I understand that I must comply with the laws and appropriate cultural conduct of the countries and regions I am visiting. I agree to conduct myself in a manner that will comply with the laws of the host country, and the regulations of my host college and of the program as administered by the program director(s), a representative of Bridgewater State College. If I experience legal problems in the USA or internationally, with any foreign nationals or government jurisdictions of the host country, I will attend to the matter personally with my own personal funds. Bridgewater State College does not guarantee what, if any, assistance it can provide under such circumstances.
11. **PAYMENTS AND REFUNDS:** I will pay all required tuition/fees, travel, housing and meals charges before my travel begins, on the payment schedule as determined by the Office of International Programs and associated travel companies. I understand that all program expenses and financial obligations for off-campus study must be fulfilled prior to receiving transcripts from a host institution or a diploma from Bridgewater State College.

I understand that Bridgewater State College will not refund any payments made to other institutions or companies. I understand that no refunds for programs will be made after departure. Withdrawal, departure or dismissal from any program prior to its formal completion will result in forfeiting the deposit and will require that I pay all costs incurred. I understand and agree that if I withdraw, depart or am dismissed from a program after the program begins, I will not be eligible for any academic credits associated and may face disciplinary action from the College. Once a participant leaves the Program, all responsibility on the part of Bridgewater State College, its employees and the BSC Office of International Programs will cease.

12. **RESPONSIBILITY DURING FREE TIME:** I understand that during free time within the period of the program or before/after the period of the program I may elect to travel independently at my own expense. I agree to inform an official representative of the education away program of my travel plans, in writing, and understand that neither Bridgewater State College nor its staff are responsible for me during this period.

I understand that any risky activity or travel in which I choose to become involved outside of the program will be at my expense and risk. Bridgewater State College has no involvement in selecting the staff, route, schedule, transportation, facilities or equipment for activities that take place during unscheduled time; participants should consider these factors carefully before deciding to become involved in any activity or travel outside the program schedule. BSC staff members may provide participants with information regarding certain activities or travel destinations. In no way does this represent a Bridgewater State College endorsement of those activities or destinations. BSC staff members who participate in any activities during unscheduled time do so as private individuals, not as representatives of BSC. I understand that BSC is not responsible for the safety or security of participants outside of the program. I understand that the College strongly discourages driving or renting a car or motorcycle.

13. **FAMILY INVOLVEMENT:** I understand that it is my responsibility, not the Office of International Programs, to provide my parents/guardians/significant others with important information about this education abroad program, particularly emergency contact information. I give permission to BSC to share information with my parents/guardians/significant others as necessary for my health, safety and transportation arrangements.

14. **USE OF PHOTOGRAPHS OR WRITTEN REPORTS:** I authorize and agree to the reasonable use by the College of any photographs that may be taken of any aspect of the program and may include my image, as well as any photos, written comments or reports submitted to the College by me or others. These photographs or writings may be posted on the College web site, published in brochures, posters, or other media.

15. **TRANSCRIPTS:** For semester or year-long study abroad programs I will request, before the end of the program, that an official transcript from the host institution be sent to the Registrar's Office, Boyden Hall, Bridgewater State College, Bridgewater, MA 02325.

STUDENT: I acknowledge that I am above the age of 18, or if not that I have secured the signature of my parent or guardian. I have read and understand the above statement, and I agree to the conditions set forth above. No alteration or variation of the terms of this agreement shall be valid unless made in writing and signed by the student named below.

Student Name (print name in full): _____

Social Security # _____ Date of Birth _____

Student Signature _____ Today's Date _____

Parent or Guardian Name and Signature (Only required if participant is under 18 years of age.)

Name: _____ Signature: _____

**Participant should retain a personal copy. Return original copy prior to departure to:
Office of International Programs, Library Room 100B, Bridgewater State College, Bridgewater, MA 02325.**