
Study Abroad + Study USA Course Registration Form

Student ID#: _____

Student's Name: _____

Permission requested to register for the following Study Abroad+Study USA course:

Title of Course: _____

Course#: _____ Section: _____ Credit(s): _____

Fall Semester - August

Spring Semester - March

Spring Semester - May

Please complete the top half of the form. Then have your advisor sign the form, sign it yourself, and return it to the study abroad office.

Permission Granted: _____
Advisor Name (Please Print)

Advisor's Signature

Date

Student's Signature

Date

Study Abroad Office Signature

Date

By signing this form, the student acknowledges that he or she is financially responsible for the credit associated with the above Study Abroad + Study USA travel course. The student also acknowledges that, where applicable, he or she is financially responsible for all or part of the total cost of travel and must make appropriate payment to the Study Abroad Office.

The student is responsible for all costs associated with obtaining a valid passport, where necessary, as well as additional spending money for non-included meals, optional excursions, and/or any costs that fall outside of the official travel course itinerary.

Medical Report
To be filled in by applicant



MEDICAL FORM

Student Name on Passport: _____
(First Name) (Middle Name) (Last Name)

Address: _____

Date of birth: _____ Sex: _____ Height: _____ Weight: _____

Physician name: _____

Telephone: _____ Fax: _____

Please answer all questions. If the answer is "no" please write "N/A"

Are you in good physical and mental health, so far as you know and believe?

Yes No (*explain*) _____

What diseases, ailments or injuries have you had in the past five years?

Have you had any allergic reactions? If so, to what?

Are you currently on any medications? If so, please list.

If you are currently on a restricted diet, please give details. (Vegan, no red meat, etc.)

MEDICAL AUTHORIZATION/EMERGENCY CONTACT INFORMATION

By signing this form, I authorize a representative from La Roche College to speak directly with my health care provider to obtain more information concerning my health problems, IF IT IS DEEMED NECESSARY. I further understand that this information is completely confidential and will be used solely for the purpose of ensuring that my participation in the Study Abroad + Study USA Program will not compromise either my safety and well-being or that of the group.

I further understand that if La Roche College deems that my participation in the Study Abroad + Study USA Program will in any way endanger my safety and the well-being or that of the group, I will be denied admission. I understand that not all of the services and support systems provided at the La Roche College campus are available abroad.

Because we want students to enjoy a successful and rewarding study abroad experience, we encourage you to disclose any medical or disability-related needs as early in the application process as possible and at least 4 months prior to the beginning of your program. In most cases this will assure enough time to make adequate arrangements.

Emergency Contact

Name(s): _____

Relationship to applicant: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone(s): _____

E-mail address (if available): _____

In the event of an emergency while on a travel course, La Roche University may notify my emergency contact(s). In the event that I need medical or psychological care, hospitalization or surgery while on a travel course, I understand that every effort will be made to contact the person(s) listed above. In case my emergency contact(s) cannot be reached and an immediate decision about care or treatment must be made, I authorize La Roche University, through its representatives, to secure necessary treatment. La Roche University may, but is not obligated to, take any actions that it considers to be necessary regarding my health and safety.

Name of applicant (printed): _____

Signature of applicant: _____

Date: _____

La Roche University Study Abroad+ Study USA Program

Students Rights and Responsibilities

Study Abroad+ Study USA travel courses offered through La Roche University are designed to enhance and broaden your college experience. Experiencing another culture, either abroad or within the United States, is an opportunity filled with challenges and excitement, so it entails taking on a certain amount of personal responsibility. We ask for your cooperation in assuming your full responsibility as a Study Abroad + Study USA student and as an adult. Listed below are *some* of the things you will be required to undertake as part of your travel course. **While enrolled in the program, students are subject to the rules, regulations, and policies of La Roche University, the provider organization, and host country (if applicable).**

Students are responsible for:

1. Reading all information presented by La Roche University, their faculty leader and provider organization and carrying out the tasks outlined in these materials.
2. Securing a passport, visa, and vaccinations (if necessary).
3. Returning all forms requested by La Roche University, their faculty leader (if applicable) and provider organization (if applicable) on time.
4. Complying with payment schedules, and financial aid instructions (when applicable).
5. Attending all pre-departure orientation meetings.
6. Paying all fees and personal expenses incurred while abroad, if not included on the official travel course itinerary.
7. Completing all academic work during the given time period.
8. Behaving in a manner respectful of the host culture and obeying laws of host country.
9. Notifying the La Roche University Study Abroad Office and faculty leader of any changes in address or contact information.
10. Educating themselves about their host country.
11. Assuming responsibility for their own personal safety at all times, especially when they are absent from the program activities, during free time periods, or periods of independent travel (if applicable).
12. Refraining from endangering others who are participating in the study abroad program.
13. Immediately reporting all unsafe acts and dangerous activities by other participants to the faculty member or program director.
14. Immediately reporting all injuries to the faculty member or program director.
15. Refraining from the illegal use of alcohol or drugs while participating in the travel program.
16. Refraining from having firearms or other weapons in my possession during the study abroad program.
17. Complete post trip survey.

Students who do not turn in all forms and attend required meetings may be dropped from the program. Students who jeopardize the program may be withdrawn. Students who do not complete academic work as

assigned may fail to receive credit. Students who do not meet the financial obligations of the program may be withdrawn. Students who fail to comply with any of the responsibilities outlined above may be withdrawn and sent home at their own expense.

I understand and agree to comply with this Students Rights and Responsibilities Statement.

Signed _____ **Date** _____

Print Name _____

***Please make a photocopy of this form and keep it for your information**

LA ROCHE UNIVERSITY ASSUMPTION OF RISK AND RELEASE FORM

Study Abroad+ Study USA travel courses provide unique opportunities for academic achievement and personal growth, but these courses also entail special risks. This release form specifies certain areas of risk that you should know about prior to applying to a Study Abroad + Study USA travel course.

I _____, hereby agree as follows:

1. **RISKS OF TRAVEL COURSES:** I understand that participation in the La Roche University Study Abroad+ Study USA Program may involve risks not found in study on campus at La Roche University. These risks include, but are not limited to those risks involved in traveling to and within, and returning from, one or more foreign countries, foreign political, legal, social, and economic conditions; different standards of design, safety and maintenance of buildings, public places and conveyances; local medical and weather conditions; OR within the United States, different local/state ordinances, laws and statutes. I have made my own investigation, and am willing to accept these risks.
2. **INSTITUTIONAL ARRANGEMENTS:** I understand that the University does not represent or act as an agent for, and cannot control the acts or omissions of any transportation carrier, hotel, travel organizer or other provider of goods or services involved in the Program.
3. **LIMITS OF UNIVERSITY RESPONSIBILITY:** I understand that the University cannot:
 - a. Guarantee the safety of participants or eliminate risk from the travel course environment.
 - b. Monitor or control all the daily personal decisions, choices, and activities of individual participants.
 - c. Prevent participants from engaging in illegal, dangerous or unwise activities.
 - d. Assure that US standards of due process (while abroad) apply or provide or pay for legal representation for participants (either abroad or within the US).
 - e. Assume responsibility for the actions of persons not employed or otherwise engaged by the University, for events that are beyond the control of the University and its affiliates, or for situations which arise from the failure of a participant to disclose pertinent information.
 - f. Assure that the home-country cultural values will apply on the program when these differ from those of the host country.
 - g. Be responsible for any injury or loss suffered when traveling independently or otherwise separated or absent from any University-supervised activities.
4. **HEALTH AND SAFETY:**
 - a. I have consulted with a medical doctor/physician with regard to my personal medical needs. There are no health-related reasons or problems that preclude my participation in the Program.
 - b. I understand that the program I am participating in includes mandatory insurance coverage. I may not opt out of this coverage in favor of a personal insurance policy. I may add additional insurance coverage at my own discretion. The University is not obligated to attend to any of my medical or medication needs, and I assume all risks and responsibility therefore. If I require medical treatment or hospital care, in a foreign country or in the United States during the Program, the University is not responsible for the cost or quality of such treatment or care. I agree to promptly express any health or safety concerns to the Program staff or other appropriate individuals.

LA ROCHE UNIVERSITY ASSUMPTION OF RISK AND RELEASE FORM CONT.
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- c. The University may (but is not obligated to) take any actions it considers to be warranted under the circumstances regarding my health and safety. I agree to pay all expenses related thereto (if not covered by my insurance) and release the University from any liability for any actions.
- d. As advised by the program materials, or the Travelers Health Section of the Centers for Disease Control and Prevention's internet page, or my doctor I have ascertained the recommended vaccinations and medications for the area I will be traveling to and I am solely responsible for securing any necessary immunizations prior to departure and for obtaining recommended or required medications needed while abroad.
- e. I understand and acknowledge that students are not permitted to operate vehicles while participating in a Study Abroad + Study Away program. I acknowledge that neither La Roche University nor its trustees, employees, agents, subsidiaries or affiliates, will be responsible or liable for any expenses, losses, or injuries that I may sustain as a result of operating a motor vehicle, and I agree to indemnify and hold harmless La Roche University from any liabilities or claims related to or resulting from my operating a motor vehicle.
- f. I agree not to make any claim against La Roche University with respect to any exposure I may have to COVID-19 as a result of my participation in international travel, and I agree that if any such claim is made, I will indemnify and defend La Roche University with respect to any such claim.

5. STANDARDS OF CONDUCT:

- a. I understand that each foreign country has its own laws and standards of acceptable conduct including but not limited to: dress, manners, morals, politics, drug use and behavior. I recognize that behavior which violates those laws or standards could harm the University's relations with those countries and institutions therein, as well as my own health and safety. I will become informed of, and will abide by, all such laws and standards for each country to or through which I will traveling during my participation in the Program.
- b. I understand that each state within the United States has its own local laws, ordinances and statutes. I recognize that behavior which violates those laws or standards could harm the University's relations with those states and institutions therein, as well as my own health and safety. I will become informed of, and will abide by, all such laws and standards for each state to or through which I will traveling during my participation in the Program.
- c. I also will comply with the University's and the Program's rules, standards and instructions for student behavior.
- d. I understand that ignoring instructions given by the faculty leader(s), travel director, or other travel course chaperones may lead to disciplinary action, and may lead to my dismissal from the course.
- e. I agree that the University has the right to enforce the standards of conduct described above, in its sole judgment, and that it will impose sanctions, up to and including termination from the Program, for violating these standards or for any behavior detrimental to or incompatible with the interest, harmony, and welfare of the University, the Program, or other participants. I recognize that due to the circumstances of travel courses, procedures for notices, hearing and appeal applicable to student disciplinary proceedings that the University do not apply. If I am terminated from the Program, I consent to being sent home at my own expense with no refund of fees or program costs.

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- f. I will attend to any legal problems I encounter with any foreign nationals or government of the host country, as well as those that occur within any state in the US. The University is not responsible for providing any assistance under such circumstances.
6. **PROGRAM CHANGES:** The University has the right to make cancellations, substitutions or changes in case of emergency or changed conditions or in the interest of the Program. I understand that the University's fees and program charges are based on current airfares, lodging rates and travel costs, which are subject to change. If I leave or am terminated from the Program for any reason, there will be no refund of fees already paid. 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, or other unforeseen causes if it is not covered by my insurance. If I become detached from the Program group, fail to meet a departure bus, airplane, or train, or become sick or injured, I will, at my own expense, seek out, contact, and reach the Program group at its next available destination (if applicable).
7. **ASSUMPTION OF RISK AND RELEASE OF CLAIMS:** Knowing the risks described above and in consideration of being permitted to participate in the Program during the time period indicated on my application, I agree, on behalf of my family, heirs, and personal representative(s), to assume all the risks and responsibilities surrounding my participation in the Program during the time period indicated on my application. I hereby agree to release, hold harmless and indemnify officers of La Roche University, its employees, and agents and the Board of Trustees, from and against any present or future claim, loss or liability for injury to person or property which I may suffer, or for which I may be liable to any other person during my participation in the Program during the time period indicated on my application (including period in transit to or from any country or state where the Program is being conducted).

Name (please print): _____

Signature: _____

Date: _____

PHOTO AND VIDEO RELEASE WAIVER

I _____ give La Roche University and the office of Study Abroad
+ Study USA full and binding permission to:

1. Utilize photographic images or me, written statements from me, video by and of me for promotional and informational materials. I hereby irrevocably authorize La Roche University to copy, publish, exhibit or distribute in any legal manner, any and all images, videos, audio recordings and electronic or digital recordings in which my likeness appears.
2. Use my name in connection therewith as they so choose
3. Waive any rights to inspect or approve any advertisement, publication or information piece in which my likeness appears and do not expect to be compensated.

Initial _____ I release La Roche University from any claims and/or demands arising from use of my name, written or spoken comments and the photographic images and videos, audio that they have taken of me or that I have taken.

Initial _____ I do not consent to any of the above mentioned

Printed name of applicant _____

Signature of applicant _____ **Date** _____
