

**STUDENT CONDITIONS OF PARTICIPATION
ST. OLAF COLLEGE INTERNATIONAL AND OFF-CAMPUS TRAVEL
PROGRAMS**

I, _____ (“Student”), wish to participate in _____ (“Travel Program”), an International or Domestic Off-Campus Travel Program offered by St. Olaf College (the “College”). I understand that I have the opportunity to gain academic credit through enrollment in the Travel Program. I realize that if I do not sign this document, and comply with all its terms, I will not be permitted to participate in the Travel Program. In consideration for my participation in the Travel Program, I agree to the following:

1. Risks of International and Off-Campus Study.

I understand that participation in the College’s Travel Program involves risks not found in study at the College. These risks include but are not limited to 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 practices and conditions; natural hazards; disease, illness and injury; and crime. I understand that these and other risks are further described in the U.S. Department of State Consular Information Sheet and Travel Warning for the country or countries to which I will be traveling. I have accessed the applicable Information Sheet(s) and Travel Warning(s) at <http://travel.state.gov/travel/>, or have been provided with a copy of each by the College. I have reviewed the Information Sheet(s) and Travel Warning(s), and understand that all warnings contained therein are incorporated by reference in these Conditions of Participation. I further understand that domestic travel also involves risks that in some circumstances are similar to those presented by travel abroad. I acknowledge that I am aware of these risks, that the College has no control over these risks, and that it is my responsibility alone to take precautions to minimize such risks.

2. Standards of Conduct.

A. If I am traveling abroad, I understand that each foreign country has its own laws and standards of acceptable conduct, including but not limited to those relating to religion, dress, manners, morals, politics, drug use and general conduct. I recognize that conduct contrary to those laws or standards could jeopardize my own health and safety, as well as the College’s relationships with the country and its institutions. I will become informed of, and abide by, all applicable laws and standards for each country to or through which I will travel during the Travel Program.

B. I will also comply with the College’s rules, standards and instructions for student behavior. I agree that the College has the right to enforce these rules, standards and instructions and that it may impose restrictions, up to and including my removal from the Travel Program, for any violation of these rules, standards and instructions, or for any behavior that it, in its sole judgment, deems detrimental to or incompatible with the interest, harmony and welfare of the College, the Travel Program or other participants. I understand that if my participation in the Travel Program is terminated, I will receive no academic credit, and I consent to returning home at my own expense, with no refund of fees.

3. Release of Claims. _____ (Applicant's Initials)

I understand that there are unavoidable risks in overseas and domestic travel. I agree, on behalf of myself and my legal representatives, heirs, successors and assigns, to assume all the risks and responsibilities surrounding my participation in the Travel Program. **I, on behalf of myself and my legal representatives, heirs, successors and assigns, hereby RELEASE the College, and its regents, officers, employees, agents, successors and assigns, from any and all claims (including but not limited to claims for negligence), causes of action, liabilities and costs which I or any of my legal representatives, heirs, successors and assigns may have or claim to have relating to or arising out of my participation in the Travel Program, including, without limitation, any and all claims and causes of action for property damage or bodily injury, illness and death, caused by, related to or arising out of any action or inaction of the College, its regents, officers, employees or agents, except for such damages or injury as may be caused by the gross negligence or willful misconduct of the College, its regents, officers, employees or agents.**

4. Indemnification.

I agree to indemnify, defend and hold harmless the College, and its regents, officers, employees, agents, successors and assigns, from any and all claims, liabilities and costs asserted by or on behalf of me or any of my legal representatives, heirs, successors and assigns within the scope of the release in Paragraph 3 above.

5. Independent Travel.

Any independent traveling I do on weekends and academic holidays during the period covered by the Travel Program and after the conclusion of the Travel Program will be at my expense. The College is not responsible for me while I am traveling independently.

6. Health and Safety.

A. I represent that I have no health-related problems or concerns that would preclude or restrict my participation in the Travel Program.

B. I understand that if the Travel Program in which I am participating is scheduled to last longer than one month, I am required to have a physician complete the Report of Medical History form to be provided by the Office of International & Off-Campus Studies, and return it to the Office of International and Off-Campus Studies at least 60 days prior to departure.

C.
I should have sufficient health, accident, disability, hospitalization and personal property insurance to cover myself during my participation in a program. None of the fees paid to St. Olaf for the Off-Campus study programs are used to pay for such insurance. St. Olaf College has no obligation to provide such insurance.

All St. Olaf students traveling on approved international programs are covered by the College's travel insurance policy which covers things such as emergency evacuation, emergency family travel, etc. Details of this plan can be found at:

http://www.eiia.org/assets/documents/International_Travel_Abroad_Summary_Sheet.pdf

D. I authorize any representative of the College to secure dental and medical treatment for me if I am injured or become ill while participating in the Travel Program, including without limitation anesthetic and surgical treatment, and to sign authorization forms necessary to obtain the treatment. I assume full responsibility for all costs relating to or arising out of the treatment, and agree to indemnify the College for any and all claims arising out of the treatment.

E. I understand that state and federal law (including but not limited to the Family Educational Rights & Privacy Act) obligates the College to keep certain information about me confidential. I also understand that certain people may want to know about my whereabouts and condition when I am participating in the Travel Program. For that reason, as to the following persons, I hereby waive my confidentiality rights as they relate to my whereabouts and condition when I am participating in the Travel Program, and authorize the College to disclose such information to (check as appropriate):

_____ My parents _____
_____ My spouse _____
_____ Other(s) _____

7. Miscellaneous.

A. Representations. I have secured or will secure the signature of my parent(s) or guardian(s) on the College's Parent/Guardian Conditions of Participation form. I further acknowledge that participation in this Travel Program is not required by the College and that while I may not participate in the Travel Program without signing this Agreement, my agreement to the provisions contained in these Conditions of Participation is otherwise wholly voluntary.

B. Governing Law. I agree that these Conditions of Participation will be governed by the laws of the State of Minnesota and that the venue for any legal proceedings relating to these Conditions of Participation shall be in the state of Minnesota.

I have carefully read these Conditions of Participation in their entirety and fully understand that by signing this document, I am giving up legal rights and remedies that may otherwise be available to me. I acknowledge that I have the right and opportunity to consult with an attorney or other advisor of my choice prior to signing these Conditions of Participation.

*****Note: The Student's parent/guardian must complete the Parent/Guardian Conditions of Participation*****

DATE

Printed Name

Signature

Home Address

City, State, Zip Code

Telephone Number

Keep one copy for your records.

09/2015
GP:1711522 v4