Valparaiso University International Summer Study Program Agreement

I, _____, as a participant (Student) and I as the parent/guardian of the Student in the Valparaiso University Summer Study Program (the "Program"), do voluntarily and without reservation and on behalf of myself, my heirs, and my estate, waive all claims against the Lutheran University Association, Inc., (Valparaiso University), its students, employees, officers, or agents, that might arise of whatever nature for death or any injury, loss, damage, accident, delay, irregularity, or expense arising from my participation in the Program. In addition to actual participation in the Program, this includes but is not limited to claims that result from transportation, sightseeing, hotel, host family housing, use of any facilities on the campus of Valparaiso University, or the use of any vehicle or services of a transporting company, firm, individual, or agency.

In addition, should Student be unable to decide for their self, Student and parent/guardian grant Valparaiso University and its agent's full authority to take whatever action they feel is warranted regarding Student's care. In such circumstances (e.g. physical and/or mental illness or injury), Student authorizes a faculty representative of Valparaiso University to secure necessary medical treatment at their and their parent/guardian's own expense. If it is further deemed necessary by Valparaiso University and/or local medical authorities, Student will be flown back to the home country for further medical treatment at Student and parent/guardian's own expense.

Student and parent/guardian have determined (with or without medical assistance) that Student is physically and mentally able to participate in the Program. Student and parent/guardian realize that there are certain risks inherent to international travel and/or participation in the Program, including mental or physical sickness and injury (including mortal injury). Student and parent/guardian acknowledge that any and all health or accident insurance is their responsibility to locate and purchase.

Student and parent/guardian realize that there are certain risks inherent to international travel and/or participation in the Program including injury to myself, loss, damage, destruction, or theft of luggage or personal belongings. Student and parent/guardian acknowledge that any and all personal property insurance is their responsibility to locate and purchase.

Student and parent/guardian understand that Valparaiso University reserves the right to make cancellations for insufficient participation in the Program or other reasons. Valparaiso University also reserves the right to make changes (including equipment substitution) or other alterations in the Program's proposed schedule and Student and parent/guardian agree in advance to accept such changes or cancellations. Student and parent/guardian understand further that in the event that the Program is cancelled, Valparaiso University shall have no responsibility beyond the refund of all deposits made and monies paid to Valparaiso University by participants. Minor alterations in the Program will not result in refunds.

Student and parent/guardian are aware of the risks of travel and living in different cultures. Student will give close attention to safety information provided as part of the Program orientation. Student and parent/guardian acknowledge that Student may need to adjust their behavior, dress, and activities to maximize their own and the group's safety while they are abroad.

Student and parent/guardian recognize that during Student's participation in the Program, Student is a guest in another country, and Student agrees to uphold individual and group standards appropriate to the cultural setting of the Program. If Student's actions are judged to be injurious to the Program and/or seriously offensive to the host culture(s), Students acknowledges that the Program Director has the right, after consultation with the Office of International Programs and the Host Institution, to terminate their enrollment in the Program without refund of fees and to return Student to the home country at Student and/or parent/guardian's own expense.

Student grants Valparaiso University permission to release to my parent(s) and/or legal guardian(s) and/or sponsors and/or other designated contact person(s) listed below, and to obtain from them, information relating to my participation in the study abroad program.

Furthermore, Student and parent/guardian agree to allow Valparaiso University to take photos or videos of Student and publish such photos or videos in any medium it so chooses. Finally, Student and parent/guardian hereby attest that the information filled out below and on the subsequent page and any attachments is true, correct, and accurate to the best of our knowledge.

This Agreement shall be governed by and construed in accordance with the laws of the State of Indiana, United States of America.

Student Health History (Attach additional sheets as necessary)

Allergies: (insect stings, medications, hay fever, asthma, other. Please list severity of condition and treatment, (i.e. ice, prescription, over-the-counter medications).

Dietary Restrictions: (Please list food allergies, reaction to food, and any treatment used; also list any religious or vegetarian restriction or requirements).

Health Problems/Concerns:

Medications: Please list any medications and dosage schedule that will be taken while at the Learning Center.

Are vaccinations current: Y N Date of last tetanus shot: _____

Please list any serious or chronic medical conditions; or recent illness/surgery. Please give dates.

Has student ever required psychiatric counseling or hospitalization? Yes ____ No ____

Name of physician: _____ Phone: _____

Name of dentist/orthodontist: _____ Phone: _____

Health Insurance Company _____ Phone _____

Group No. _____ Member No. _____

Additional Contact Person(s): *(please list here the name, phone number, and relationship to the student of any person(s), other than the student's parent or legal guardian, whom the International Studies Office may contact regarding the student's participation in the study abroad program, or in case of emergency.)*

_____

_____

I/We are aware of and support the application of _____ to participate in the Program and have read, understood, and hereby agree to the terms and conditions of participation listed on both sides of this form.

Signature of Student _____ Date _____

Print Name _____ Phone _____

E-mail _____

Signature of Parent/Guardian (If Student is under the age of 18) _____ Date _____

Print Name _____ Phone _____

E-mail _____

Please contact the VU Office of International Programs if you have any questions or concerns regarding summer study programs. Staff members are available to assist you Monday-Friday 8am-12pm and 1pm-5pm (CST). Phone 219/464-5333; fax 219/464-6868; e-mail international@valpo.edu

revised 02/27/12