

## CONSENT AND RELEASE FORM

**Student's Name:** \_\_\_\_\_

**Program (City/Country):** \_\_\_\_\_

**Program Duration:** \_\_\_\_\_

I, the undersigned, wish to participate in the above Study Abroad Program, an educational endeavor. The program has been explained to me, and I request that I be permitted to participate in the aforementioned program and the activities and programs connected therewith.

I hereby consent to such medical and surgical procedures as may become necessary for my well-being, should the need arise, and I understand that any costs thereof not covered by the insurance plan I have purchased, either through Idaho State University, ISEP, or the particular university or country in which I will study, will be borne by me.

As part of my consent and in consideration of my participation, I agree and understand that Idaho State University, its agents, officers, employees and any other educational institution associated in this program assume no liability for damage or loss of property or for any financial or other obligations incurred by me while participating in this program.

Further, I agree to release, discharge, save, hold harmless, indemnify and defend Idaho State University, and its officers, employees and agents, from any and all claims, demands, and/or causes of action, which may now, or in the future be asserted against them by me, or by any third party because of any accidents, injuries or actions by me while in transit to, while participating in, or while returning from the Study Abroad Program.

As part of my consent and in consideration of my participation, I agree that I shall be subject to the authority of Idaho State University, its agents, officers, and employees, and they may terminate my participation in the program if my conduct or academic standing warrants my withdrawal. I understand that I am expected to attend classes regularly, unless otherwise indicated by illness or unavoidable circumstances. Likewise, I understand I am expected to behave in a mature and responsible manner as a representative of the university and country. I agree that if I am required to withdraw from the program for failure to maintain standards of study or behavior, no refund will be made.

***I have read this entire agreement and agree to its terms***

\_\_\_\_\_  
Signature of Participating Student

\_\_\_\_\_  
Date



## International Programs Office

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Pocatello, ID 83209-8038  
Telephone: (208) 282-4320  
FAX: (209) 282-2924  
E-mail: [ipomail@isu.edu](mailto:ipomail@isu.edu)  
Web: <http://www.isu.edu/iso/>

### RESPONSIBILITIES OF STUDY ABROAD PARTICIPANTS

In Study Abroad, as in other settings, participants can have a major impact on their own health and safety abroad through the decisions they make before and during the program and by their day-to-day choices and behaviors.

Participants should:

1. Read and carefully consider all materials issued by the sponsor that relate to safety, health, legal environmental, political, cultural, and religious conditions in host countries.
2. Consider their health and other personal circumstances when applying for or accepting a place in a program.
3. Make available to the sponsor accurate and complete physical and mental health information and any other personal data that is necessary in planning for a safe and healthy study abroad experience.
4. Assume responsibility for all the elements necessary for their personal preparation for the program and participate fully in orientation.
5. Obtain and maintain appropriate insurance coverage and abide by any conditions imposed by the carriers.
6. Inform parents/guardians/families, and any others who may need to know, about their participation in the study abroad program, provide them with emergency contact information, and keep them informed on an ongoing basis.
7. Understand and comply with the terms of participation, codes of conduct, and emergency procedures of the program, and obey host-country laws.
8. Be aware of local conditions and customs that may present health or safety risks when making daily choices and decisions. Promptly express any health or safety concerns to the program staff or to the individuals.
9. Behave in a manner that is respectful of the rights and well-being of others, and encourage others to behave in a similar manner.

10. Accept responsibility for their own decisions and actions.
11. Become familiar with the procedures for obtaining emergency health and law enforcement services in the host country.
12. Follow the program policies for keeping program staff informed of their whereabouts and well-being.

Idaho State University generally:

1. Cannot guarantee or assure the safety of participants or eliminate all risks from the study abroad environment.
2. Cannot monitor or control all of the daily personal decisions, choices, and activities of individual participants.
3. Cannot prevent participants from engaging in illegal, dangerous or unwise activities.
4. Cannot assure that U.S. standards of due process apply in overseas legal proceedings or provide or pay for legal representation for participants.
5. Cannot assume responsibility for the actions of persons not employed by the university for events that are not part of the program, or for situations that may arise due to participant's negligence.
6. Cannot assure that home-country cultural values and norms will apply in the host country.

***I have read this entire agreement and agree to its terms***

Dated \_\_\_\_\_ 20\_\_ \_\_\_\_\_  
(Student signature)

***I have read this entire agreement and agree to its terms on behalf of my dependent and myself***

Dated \_\_\_\_\_ 20\_\_ \_\_\_\_\_  
(Parent/Guardian signature)  
*(This signature is only necessary if the student is a minor or is considered a dependent for federal income tax or financial purposes)*