

# Idaho State

UNIVERSITY

## STUDY ABROAD 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 consent to disclosures to the home institution regarding any disciplinary action or academic misconduct if accepted by the host institution. 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