

Regis College Travel Learning Student Agreement

This is a Release of Legal Rights, please read carefully. In the sections that follow, please initial in the spaces provided to indicate your understanding and willingness to comply with each statement. At the conclusion, you are asked to sign to signify your compliance with and understanding of the entire agreement. If you have any questions, please contact the Assistant Dean.

I, _____ (student's name) will be participating in a travel learning program by enrolling in _____ (course name and number) in _____ (country/state) for the _____ semester, offered through Regis University. I understand that I have the opportunity to gain academic credit through enrollment in this travel learning 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 learning program.

RISKS OF INTERNATIONAL AND OFF-CAMPUS STUDY

___ As a condition of participating in this travel learning program, I hereby acknowledge that I have had the opportunity to determine the nature of the activity and the manner in which it will be conducted, including the risks associated with my participation.

___ I understand that my participation in this travel learning program is voluntary, not required, and that a decision not to participate will not impede or impair my educational progress.

___ I understand that as a participant in this travel learning program I will be subject to certain rules and requirements of Regis University and of cooperating partners in the U.S. and overseas, which I agree to fulfill in all respects. I understand I am subject to immediate dismissal from the program if I do not do so.

___ On behalf of myself, my heirs, assigns and estate, I release Regis University, its instructors, faculty, agents, employees, operators, officers, and trustees and all educational partners, vendors, sites, host institution, host family, tour operators and sponsors used by Regis University to provide the travel learning program ("University Released Parties") from any claim for harm, injury, loss of property or any other damages which may befall me while engaged in this activity, traveling to or from the activity site, or arising from my presence at the site or in the site vicinity, including all health, emergency health treatment and other risks connected therewith, whether foreseen or unforeseen, and whether or not arising from the alleged bad acts or negligence of the University Released Parties.

___ I further agree to indemnify and hold harmless the University Released Parties from any claim by me, by my family and estate, my heirs or assigns, personal representatives, and insurers arising out of the travel learning program and my participation in it.

___ It is my intent to release any and all claims of any kind whatsoever against the University Released Parties.

- _____ I understand that participation in the travel learning program involves risks not found in study at a campus location for Regis University. These risks include: domestic or international travel to, within, and from one or more location outside of Denver, Colorado; (*if applicable*) foreign political, legal, social, and economic conditions; and different standards of design, safety, and maintenance of buildings, public places, and conveyances. I have made my own investigation and am willing to accept these risks.
- _____ I understand that each U.S. state and 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 University's relationships with the country and its institutions. I will become informed of, and abide by, all applicable laws and standards for each state or country I will travel to during the travel learning program.
- _____ Although Regis University is sponsoring this course, I understand that neither the University nor any of the faculty leaders or travel coordinators will be supervising me at all times. I will have the opportunity to independently leave the group periodically, subject to the faculty leader's requirements for participation in and attendance at classes and other group activities that are a required part of the program. Therefore, I will be responsible for my own safety and cannot hold the University liable for any injuries to my person, loss of property or any other harm as a result of my participation in the travel learning program.

STUDENT RESPONSIBILITY and CONDUCT

- _____ I understand this travel learning program entails much more than completing the coursework and the travel to _____ (location) and includes participating in on-campus meetings and activities both prior to and following the travel portion of the program. I also understand that this is a program that will call upon and develop my leadership skills as well as my academic and personal learning goals, and I am committed to actively engaging in those endeavors.
- _____ I understand that in participating in this travel learning program I am committing to the program from the time of submitting this agreement until the post-program, which could include formally sharing my experiences from the program with the University community upon my return.
- _____ I will comply with the University's rules, standards, and instructions for student behavior. I agree that the University has the right to enforce these rules, and that it may impose restrictions, up to and including my removal from the travel learning 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 University, the travel learning program, or its participants. I understand that if my participation in the travel learning program is terminated, I will receive no academic credit for the travel learning program(s) in which I have enrolled.
- _____ I agree to complete and submit any Regis University releases or paperwork required by their posted deadlines.

___ I understand that if I break laws, rules or regulations of a serious nature at any point throughout the trip (domestic or international) and it is determined by the program coordinators that I should be sent back that I bear responsibility for all costs associated with sending me back including transportation (ground and air).

___ I agree that I will not buy, sell or use drugs at any time and will not engage in abusive use of alcohol.

___ International Travelers Only: I agree to secure a U.S passport and a visa to _____.

FINANCIAL OBLIGATIONS

___ I understand that the estimated cost of the program is \$_____ and is subject to change depending on accommodation bookings and other travel costs. I understand I am responsible for covering costs related to my passport, visa, health consultation, immunizations, travel insurance, spending money and the cost of travel should my participation in the travel learning program be terminated due to a violation of this agreement.

___ I acknowledge that once I return this agreement I will be required to pay a non-refundable \$500 deposit that will be issued on my student account. Additionally, I will take responsibility for all fees and charges I have incurred for preparation for the travel learning program and will not hold Regis University responsible or liable for any costs incurred should I decide to withdraw from the program.

INSURANCE

___ I agree to acquire travel insurance. I understand that at minimum I must obtain the International Student Identity Card that offers some travel insurance and other benefits. I understand that I am encouraged to obtain a more extensive travel insurance plan based on my personal preferences and situation.

___ I confirm that I have health insurance that meets Regis University's requirements and that if I do not have health insurance that I will secure health insurance before traveling to_____. I will provide proof of insurance of both travel and health insurance to program leaders by the posted deadline.

HEALTH AND SAFETY

___ I confirm that I am not aware of any current medical conditions that might preclude me from travel to _____. I agree to consult with and obtain clearance from a physician regarding my travel plans and to receive all needed vaccinations as recommended by my physician or the State Department.

___ I agree to complete and submit the Regis University Medical Information, Authorization, and Release Form by the posted deadline.

___ I have submitted, or will acquire and submit proof of medical insurance.

___ I understand that conditions may arise at any time which necessitate cancellation or postponement of segments or all of the travel learning program.

____ I understand that state and federal law obligates the University 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 learning 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 learning program, and authorize the University to disclose such information to (check as appropriate):

____ My Parents
Names: _____ Phone: _____ Email: _____

____ My Spouse
Name: _____ Phone: _____ Email: _____

____ Other
Names: _____ Phone: _____ Email: _____

ACADEMIC RECORDS

____ I authorize the release of my educational records (within the parameters of the Family Education Rights and Privacy Act [FERPA]) for the academic portion of this program for whatever reason deemed to be necessary by Regis University and its educational collaborators for the travel learning program. .

I hereby certify that to the best of my knowledge, the information furnished in all portions of this application is true and complete. I understand that if found to be otherwise, it is sufficient cause for refusal and dismissal. I have read this document in its entirety and understand its contents and import. I understand that the terms of this document are contractual and not a mere recital, and that I have been advised to obtain legal advice before signing.

I have signed this document as my own free act.

Date

Printed Name

Signature

Parent or Guardian's name and signature if participant is under age 18

Date