

**STATEMENT OF RESPONSIBILITY, RELEASE & AUTHORIZATION TO PARTICIPATE IN AN
AZUSA PACIFIC UNIVERSITY INTERNATIONAL STUDIES PROGRAM**

I, _____ (name), am a student or "Visiting Scholar" at Azusa Pacific University ("the University"). I have agreed to participate in _____ (program), a study abroad sponsored or endorsed by the University, in collaboration with international host organization(s) _____ (name of organization, if any), in _____ (country). I understand and hereby acknowledge that my participation in the Program is wholly voluntary. In consideration of being allowed to participate in the Program, I hereby agree as follows:

1. Comprehensive Health & Accident Insurance:

I hereby represent and warrant that I am and will be covered throughout the program by a policy of comprehensive health and accident insurance through HTH Worldwide Insurance, which provides coverage for injuries and illnesses I sustain or experience overseas, and, more specifically, in the country in which I will be living and/or traveling while on the program. By my signature below, I certify that my health insurance policy will adequately cover me while outside the United States and, I absolve the University of all responsibility and liability for any injuries (including death), illnesses, claims damages, charges, bills and/or expenses I may incur while I am abroad. I agree to report to the University any physical or mental condition I have which may require special medical attention or accommodation during the Program at least thirty (30) days prior to departure.

Special Addendum for Exceptional Program: I, _____ (initial), understand that my insurance coverage for _____ (program) in _____ (country) is provided for this activity by **HTH Worldwide Insurance**.

2. Right to Make Changes:

I understand that the University reserves the right to make changes to the Program itinerary at any time and for any reason, with or without notice, and the University shall not be liable for any loss whatsoever to me by reason of any such cancellation or change. The University is not responsible for penalties assessed by air carriers that may result due to operational and/or itinerary changes, regardless of whether the University makes a flight arrangement. Any additional expense resulting from the above will be paid by me. The University reserves the right to substitute hotels or accommodations or housing

of a similar category at any time. Specific room and housing assignments are within the sole discretion of the University.

3. Responsibility or Liability:

I understand and acknowledge that the University assumes no responsibility or liability, in whole or in part, for any delays, delayed or changed departure or arrival times, fare changes, dishonors of hotel, airline or vehicle rental reservations, missed carrier connections, sickness, disease, injuries (including death), losses, damages, weather, strikes, acts of God, circumstances beyond the control of the University, force majeure, war, quarantine, civil unrest, public health risks, criminal activity, terrorism, expense, accident, injuries, damage to property, bankruptcies of airlines or other service providers, inconveniences, cessation of operations, mechanical defects, failure or negligence of any nature howsoever caused in connection with any accommodations, restaurant, transportation, or other service or for any substitution of hotels or of common carriers beyond the University's control, with or without notice, or for any additional expense occasioned by any of the foregoing. If due to weather, flight schedules or other uncontrollable factors I am required to spend additional nights, the University will not be responsible for my hotel, transfer meal costs or other expenses. My baggage and personal property are transported at my risk entirely. The right is reserved by the University, in its sole discretion, to cancel the Program or any aspect thereof prior to departure; and, in the University's sole discretion to cancel the Program or any aspect thereof after departure, requiring that all participants return to the United States if the University determines or believes that any person is or will be in danger if the Program or any aspect thereof is continued.

4. Right to Decline, to Accept or Retain Me:

The University reserves the right to decline to accept or retain me in the Program at any time should my actions or general behavior impede the operation of the Program or the rights or welfare of any person. Similarly, if my conduct violates any policy or procedure of the University, or any provision of _____ (program &/or international host organization), which I hereby agree shall apply to my conduct while I am abroad, I understand that I may be required to leave the Program in the sole discretion of the University's employees,

agents and representatives and I may be referred to the appropriate Azusa Pacific University officials for further disciplinary action. I understand and hereby acknowledge that institution(s) I attend or in whose facilities I reside or learn in connection with the Program, if I violate either or both institution's rules, policies or student conduct codes. I hereby consent to the jurisdiction of all such institutions (including Azusa Pacific University), to discipline me, separately or cumulatively, for any instance(s) of misconduct which occur(s) during the Program or during my time abroad. I agree not to challenge in any forum or proceeding the authority or jurisdiction of Azusa Pacific University to discipline me at any time for my misconduct abroad, during or in connection with the Program or any travel related thereto.

5. Consular Information: I understand and hereby acknowledge that I have received and reviewed the U.S. State Department Consular Information concerning travel to, in and around _____ (country); that I am aware of and understand the risks and dangers of travel to, in and around _____ (country), including but not limited to the dangers to my own health and personal safety posed by terrorism, crime, civil unrest and violence. I hereby assume, knowingly and voluntarily, each of these risks and all of the other risks which could arise out of or occur during my travel to, from, in or around _____ (country).

6. Field Trips and Elective Travel: I may elect to participate in field trips and/or personal travel during the Program, including but not limited to a trip to _____ (country). I hereby represent and warrant that my participation in these activities is not required by the University and is wholly voluntary. I understand and hereby acknowledge that I may face an increased risk or injury or death due to civil unrest, violence, terrorism, crime or political instability by traveling to or in _____ (country). I hereby assume, knowingly and voluntarily, each of these risks and all of the other risks which could arise out of or

occur during my travel to, from, in or around _____ (country).

7. Laws and Customs of the Host Country: I agree to respect and adhere to the laws and customs of the host country or countries and understand that the intentional violation or disrespect for those laws and customs may result in my dismissal from the Program. Further, I acknowledge that the violation of such laws and customs may have legal ramifications with consequences beyond the control of the University's representatives and the U.S. government.

8. Authorization for Health and Medical Treatment: I, _____ (name), do hereby authorize _____ and/or _____ the Program director/leader, hereafter "the Agent," to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis, or treatment and hospital care or service, which is deemed advisable and is rendered under the general or specific supervision of any licensed physician and surgeon, or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being rendered, but is given to provide authority and power on the part of the Agent in the event of my disability to give specific consent to any and all such diagnosis, treatment, or hospital care which the above mentioned physician, in the exercise of his/her best judgment, may deem advisable. I hereby authorize the medical facility, which has provided treatment to me to surrender my physical custody to the Agent upon completion of treatment.

9. Security & Safety: I recognize that in case of political unrest, an official representative of the University will take measures the University deems appropriate for the protection of Program participants. I understand that the University and its official representatives assume no responsibility for damage to or loss of property, injury or death arising out of political unrest.

I hereby acknowledge that I have read, understand and will abide by each of the terms and conditions of this Agreement.

Signature: _____

Witnessed by: _____

Name (Printed): _____

Witness Name (Printed): _____

Dated: _____

Dated: _____

*Signatures can be witnessed by *anyone*. Does not need to be CGLE Staff