



STUDY ABROAD STUDENT CONTRACT

Semester Abroad Program

I, _____, have read,
(Please Print)

understand, and agree to comply with the following requirements and conditions of behavior while traveling with Saint Mary's College of California, Term _____, 200__ course in (Country) _____. I understand that my participation in a travel course differs from my participation in a regular on-campus course in a number of important ways. Much of the course takes place outside the classroom, but my actions can affect the learning environment of the course just as much as if it were in a classroom. The efficient functioning of the course and the ability of others to learn can be markedly impaired by my behavior. Therefore, I agree to act as a responsible member of the group and representative of Saint Mary's College. Any time my actions or behavior brings risk or disrepute to the group, or impairs the efficient functioning of the course in a material way, I will, at the sole discretion of the instructor, be sent home and receive a grade of "F" in the course. Specifically, I agree to adhere to the following guidelines:

- I agree to participate in all required course activities and meetings
- I agree to be respectful of my fellow students by arriving on time for all lectures, events, museum visits, travel departures, etc. and to be prepared to function efficiently.
- I agree to demonstrate sensitivity to customs and practices characteristic of the culture I am visiting.
- I agree to behave in a manner befitting a student abroad and a representative of Saint Mary's College.
- I agree to comply with local customs, laws, and course rules regarding drug and alcohol consumption.
- I agree not to endanger myself or others that I encounter while traveling.
- I agree to be respectful of people I encounter, places I visit and property I see.
- I agree to maintain a positive and cooperative attitude.
- I understand the consequences for failing to comply with the above policies and requirements.
- My instructor has informed me of local customs, laws, course requirements, consequences and schedules.

Student Signature

Date

Saint Mary's College of California
Waiver and Release Form for Study Abroad Participants
This is a Release of Legal Rights-Read and Understand Before Signing

Name of Applicant _____ Student I.D. # _____

Date of Birth: _____
(If applicant is under 18 years of age, a parent or legal guardian must also read and sign this form.)

Program: _____ Fall 20 _____ Spring 20 _____ Summer 20 _____

I hereby agree as follows:

1. **Risks of Study Abroad:** I understand and agree that participation in Saint Mary's College of California Study Abroad Program specified above (the "Program") involves risks not found in study at the College. These include risks involved in traveling to and within, and returning from, one or more foreign countries; foreign political, legal, social, and economic conditions; different standards of design, safety and maintenance of buildings, public places and conveyances; and, local medical and weather conditions.
2. **Institutional Arrangements:** I understand and agree that the College does not represent or act as an agent for, and cannot control the acts or omissions of any host institution, host family, transportation carrier, hotel, tour organizer, or other provider of goods or services involved in the Program. I understand that the College is not responsible for matters that are beyond its control. I hereby release the College from any injury, loss, damage, accident, delay or expense arising out of any such matters.
3. **Independent Activity:** I understand and agree that the College is not responsible for any injury or loss I may suffer when I am traveling independently or am otherwise separate or absent from any College supervised activities.
4. **Health and Safety**
 - A. I have consulted with a medical doctor with regard to my personal medical needs. There are no health-related reasons or problems which preclude or restrict my participation in this Program.
 - B. I am aware of all applicable personal medical needs. I have arranged through insurance or otherwise to meet any and all needs for payment of medical costs while I participate in the Program. I recognize that the College is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility therefore. If I require medical treatment or hospital care in a foreign country or in the United States during the Program, the College is not responsible for the cost or quality of such treatment or care.
 - C. The College may (but is not obligated to) take any actions it considers to be warranted under the circumstances regarding my health and safety. I agree to pay all expenses relating thereto and release the College from any liability for any actions.
5. **Standards of Conduct**
 - A. I understand and agree that each foreign country has its own laws and standards of acceptable conduct, including dress, manners, morals, politics, drug use, and behavior. I recognize that behavior which violates those laws or standards could harm the College's relations with those countries and the institutions therein, as well as my own health and safety. I will become informed of, and will abide by, all such laws and standards for each country to or through which I will travel during the Program.
 - B. I also will comply with the College's rules, standards and instructions for student behavior. I waive and release all claims against the College that arise at a time when I am not under the direct supervision of the College or that are caused by my failure to remain under such supervision or to comply with such rules, standards, and instructions.
 - C. I agree that the College has the right to enforce the standards of conduct described above, in its sole judgment, and that it will impose sanctions, up to and including expulsion from the Program or College, for violating these standards or for any behavior detrimental to or incompatible with the interest, harmony, and welfare of the College, the Program, or other participants. I recognize that due to the circumstances of foreign study programs, procedure for notice, hearing and appeal applicable to student disciplinary proceedings at the College do not apply. If I am expelled, I consent to being

sent home at my own expense with no refund of fees. If I elect not to return home immediately following any expulsion of me from the Program, I understand and agree that I do so entirely at my own risk and cost, and that the College has no further obligation or responsibility for my activities, well being, or health after the time of notice of such expulsion.

D. I will attend to any legal problems I encounter with any foreign nationals or government of the host country. The College is not responsible for providing any assistance under such circumstances.

6. **Program Changes:** The College has the right to make cancellations, substitutions or changes in case of an emergency or changed conditions or in the interest of the Program. I understand that the College's fees and program charges are based on current airfares, lodging rates and travel costs, which are subject to change. If I leave or am expelled from the Program for any reason, there will be no refund of fees already paid. I accept all responsibility for loss or additional expenses due to delays or other changes in the means of transportation, other services, or sickness, weather, strikes, or other unforeseen causes. If I become detached from the Program group, fail to meet a departure bus, airplane, or train, or become sick or injured, I will at my own expense seek out, contact, and reach the Program group at its next available destination.
7. **Waiver and Release of Claims:** Knowing the risks described above, and in consideration of being permitted to participate in the Program. I agree, on behalf of my family, heirs, and personal representative(s), to assume all the risks and responsibilities surrounding my participation in the Program. To the maximum extent permitted by law, I release and indemnify the College and its officers, including but not limited to its trustee and regents, employees and agents, from and against any present or future claim, loss or liability for injury to person or property which I may suffer, or for which I may be liable to any other person, during or as a result of my participation in the Program (including periods in transit to or from any country where the Program is being conducted.)
8. **Saint Mary's College Financial Obligation:** I understand I am not eligible to travel until my College account is paid in full. In addition, I understand that if my total academic year course load, including study abroad courses, exceeds 9.5 course, I will be charged appropriate additional course fees.
9. **Severability:** I agree that, should any provision or aspect of this agreement be found to be unenforceable, that all remaining provisions of the agreement will remain in full force and effect.
10. **Scope:** This agreement represents my complete understanding with the College concerning the College's responsibility and liability for my participation in the Program, and supersedes any previous or contemporaneous understandings I may have had with the College on this subject, whether written or oral.
11. **Age:** I represent that I am at least eighteen years of age, or, if not, that I have secure below the signature of my parent or legal guardian as well as my own.

I have carefully read this Release Form before signing it. No representations, statements, or inducements, oral or written different from the foregoing written statement, have been made. This agreement shall become effective only upon receipt of my application by the College at its offices in Moraga, CA and shall be governed by the laws of the State of California, which shall be the forum for any lawsuits filed under or incident to this agreement or to the Program.

Signature of Applicant/Student

Date _____

I (A) am the parent or legal guardian of the above Applicant, (B) have read the foregoing Release Form (including such parts as may subject me to personal financial responsibility), (C) am and will be legally responsible for the obligations and acts of the Applicant as described in this Release Form, and (D) agree, for myself and for the Applicant, to be bound by its terms. (Student should mark this section N/A (not applicable) if you are **not** a minor)

Signature of Parent/Guardian

Date _____

Saint Mary's College of California

Student Health Insurance Enrollment/Waiver Form For Study Abroad

To ensure that all students have health insurance coverage, including basic sickness and accident insurance, Saint Mary's College of California (the "College") requires all students on a College study abroad program to have mandatory health insurance. You may fulfill this requirement by:

1. Enrolling in the College sponsored plan. (Complete Sections A and B)
2. Showing proof of your own comparable insurance coverage. (Complete Sections A and C)

This mandatory health insurance form must be completed in its entirety, including your signature for the appropriate option.

A. STUDENT INFORMATION (Required of all Students)

| | | | |
|--------------------|-------|---------------|----------------------|
| Name _____ | | | Student I.D. # _____ |
| Last | First | Middle | Phone _____ |
| Home Address _____ | | | Fax _____ |
| City _____ | | Country _____ | |

STUDENT MUST COMPLETE ONE OF THE FOLLOWING OPTIONS: OPTION B OR C:

B. AUTHORIZATION FOR ENROLLMENT IN SAINT MARY'S COLLEGE OF CALIFORNIA STUDENT SPONSORED HEALTH INSURANCE PLAN.

I do not have my own health insurance coverage and will enroll in the College Sponsored Student Health Insurance Plan. My signature here confirms that I accept the College Sponsored Health Insurance Plan enrollment period:

Plan Date/Semester and Cost Details

| | |
|--|---------------|
| _____ Signature of Student (Parent or Guardian if student is under 18) | _____ Date |
|--|---------------|

C. PETITION FOR WAIVER (I have my own comparable medical insurance plan.)
Attach copy of enrollment information

I certify that I will be participating in the following *comparable* health insurance policy. I accept responsibility for my insurance being comparable to the SMC sponsored plan, including coverage for repatriation. I understand that I am responsible for my medical expenses. (Attach a copy of your insurance card)

| | |
|--|--|
| _____ Name of Insurance Company (Carrier) | |
| _____ Name of Policy Holder | _____ Policy Holder's Relationship to Student |
| _____ Policy Number | _____ Policy Effective Dates |
| _____ Signature of Student (Parent or Guardian if student is under 18) | _____ Date |

CONFIDENTIAL HEALTH HISTORY FORM FOR STUDY ABROAD

GENERAL INFORMATION:

Print Last Name _____ First _____ Middle _____

Sex M ___ F ___ Student I.D. # _____

Person to notify in case of emergency:

 (Name) (Address)

 (Relationship) (Phone) (E-Mail)

HEALTH HISTORY:

List any recent or continuing health considerations, including allergies: _____

List any physical or learning disabilities: _____

Are you currently under the care of a doctor or other health care professional, including mental health?
 YES ___ NO ___

If so, who: _____ Phone: _____

For what condition: _____

MEDICINES:

List any medications/equipment you use regularly or anticipate using while abroad (indicate reason for use):

MEDICAL HISTORY: Check if you have ever had any of the following:

| | Yes | No | Date |
|--------------------------|-----|----|------|
| anemia | | | |
| asthma/hay fever/allergy | | | |
| back problem | | | |
| bladder/kidney problem | | | |
| epilepsy/convulsion | | | |
| tuberculosis | | | |

| | Yes | No | Date |
|------------------------|-----|----|------|
| high blood pressure | | | |
| heart problem | | | |
| hepatitis/jaundice | | | |
| protein/sugar in urine | | | |
| ulcer/stomach problem | | | |
| anorexia/bulimia | | | |

Previous surgeries:

 (List type and year)

DRUG ALLERGIES: check any drug allergies and briefly describe reaction:

___ a. penicillin _____ c. sulfa _____
 ___ b. novocain/local anesthetic _____ d. other _____

IMMUNIZATION RECORDS: Indicate most recent date:

■ polio immunization date _____ ■ mumps date _____ ■ measles date _____ ■ rubella date _____
 ■ tetanus booster OR tetanus/diphtheria booster date _____ (given every 10 years) ■ MMR date _____
 ■ Hepatitis A date _____ ■ Hepatitis B date _____

**Saint Mary's College of California
Center for International Programs
Confidential Health History Information for Study Abroad**

(Make an appointment with the SMC Health and Wellness Center or your own doctor/health practitioner. When form is complete, return it to the Center for International Programs)

_____ SMC Program in _____
Name of student (please print)

Based upon the information provided to me by the student on the Health History Form, and pursuant to review of the student's personal health history, I find that (*check ONE box and supply information as requested*):

The following information should be shared by the student with College officials for the purpose of attempting to assist the student while traveling abroad:

Serious active or chronic condition: _____

Critical medications and dosage: _____

Allergies: _____

Disabilities and services needed: _____

In my professional opinion, the student has NO medical or psychiatric conditions precluding the participation in a study abroad program.

In my professional opinion, the student should NOT participate in a study abroad program.

I have read the attached information about the rigors of study abroad and I have reviewed the student's health history.

Signature of physician or health practitioner PRINT name of physician or health practitioner

Date: _____ Phone: _____

ADDITIONAL REVIEW:

(The following is required only if student currently being seen by a specific specialist for an ongoing condition.)

I have considered the information about the rigors of study abroad in making my recommendations.

Signature of specialist PRINT name of specialty

Date: _____ Phone: _____

AUTHORIZATION FOR USE OR DISCLOSURE OF MEDICAL INFORMATION

(NOTE: This authorization is requested of the student to comply with the terms of the Confidentiality of Medical Information Act of 1981, Civil Code Section 56 *et seq*)

I hereby authorize the release of the information included on this form to the Center for International Programs. I am personally and voluntarily providing the information contained on this form as well as the attached forms to Saint Mary's for use by the Center for International Programs so that Saint Mary's may be in a better position to assist if a matter concerning my health arises while I am studying abroad. I understand that this information will be used during the period of my participation in the program identified on the form in the case of medical urgency while I am abroad.

Student's Signature: _____ Date: _____

**Saint Mary's College of California
Center for International Programs**

**CONFIDENTIAL HEALTH HISTORY FORM TO STUDY ABROAD ON
A SAINT MARY'S COLLEGE SPONSORED PROGRAM**

INSTRUCTIONS: All students are requested to use this form to obtain a health clearance.

TO THE PHYSICIAN OR HEALTH PRACTITIONER:

The student named on the following Study Abroad Health Form is being considered for participation in a program of study abroad officially sponsored by Saint Mary's College of California. Depending on the program, students may spend from a semester to a full year in residence abroad. Living and studying in a foreign environment frequently creates unexpected physical and emotional stress, which can exacerbate otherwise mild disorders. It is important that all participants be able to adjust to potentially dramatic changes in climate, diet, living conditions and studying conditions that may be seriously disruptive to accustomed patterns of behavior. One should never assume that going abroad to study would provide an antidote to health problems experienced at home.

All Saint Mary's College of California students are asked to complete a health clearance to study abroad on a Saint Mary's sponsored program. This clearance includes the following steps:

1. The student must present to you a fully completed Study Abroad *Health History Form*. Please review this form carefully with the student for accuracy and completeness. You do not need to perform a physical examination **unless required by the student's program, or unless, in your opinion**, an exam might be necessary. Please ensure that you discuss the student's health history thoroughly, paying attention to **immunizations** that may be needed, any allergies the student may have, and all **currently active health considerations**.
2. Please pay attention to any **emotional or psychological problems**, and any **medications** the student may be taking. The Center for International Programs is concerned for the well being of all students who have potentially serious ailments, including but not limited to those who may be **anorexic or bulimic** and those who may have a **bi-polar disorder or depression** that requires medication. Students having such conditions may study and travel abroad, provided they are stabilized (e.g., by medication or other treatment).
3. Please impress on the student the need to ascertain the **availability of medication** in the country to which they are going and/or assume that they have an **adequate supply** of any medication needed to last for the entire period they will be abroad. The need for any **counseling or laboratory** testing while abroad should also be ascertained.
4. Please ascertain any physical or learning disabilities the student may have, and be sure to note the facilities or services required abroad on this form.

If a specialist for an ongoing medical or psychiatric condition is currently seeing the student, the specialist must also review with the student the Health History information and sign a clearance form.

**AFTER EVALUATING THE STUDENT'S HEALTH, PLEASE COMPLETE THE FORM
AND RETURN TO THE STUDENT**