



Office of International Programs

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Study Abroad Participation Agreement

I, _____ (Student's Name) will be participating in an academic study-abroad program offered through the Montana State University's Office of International Programs during Summer Semester of 2009. While participating in the Program, I have the freedom to independently travel as long as I fulfill the academic responsibilities set by the host institution. However, I understand that I will be responsible for my own safety and cannot hold Montana State University or any of its offices or employees liable for any injuries to my person or property or any other any losses that result of my participation in the Program.

I, therefore, agree that:

1. I and my heirs and successors and assigns agree to indemnify and hold harmless Montana State University, its employees and agents from any and all loss, damage, liability or expense (including reasonable attorneys' fees) resulting or arising from my participation in the Program.
2. Before my departure, I will provide MSU with complete and accurate physical and mental health information as well as any personal data that may be necessary for MSU to arrange a safe and healthy study abroad experience. I understand that MSU does not discriminate on the basis of any physical or mental disability; however, information regarding such disabilities is necessary for making reasonable accommodations.
3. I assume full responsibility for my care and safety during my participation in the Program.
4. I will inform myself on the local conditions, customs and laws of the host study site that may present health, safety or legal risks. Moreover, I will promptly report to the MSU program staff in the Office of International Programs any health, safety or legal concerns.
5. If I leave the Program before completing my course of study, I will provide the University with prior written notice of my decision. If I leave the Program prior to its completion, the University has no liability to provide or arrange for transportation, housing, dining or others services to me in connection with my early departure.
6. The University may, at its discretion, determine what circumstances within the host country, may require the cancellation of the Program. The University will provide me with as much advance notice as possible of such a decision. I also understand that

Montana State University's partner institution or the host government may prematurely terminate the Program. In that event, the University will provide me with assistance in arranging transportation back to the United States, at my expense. However, Montana State University bears no liability for any loss or claims incurred by me resulting from any the termination of the Program. If I choose to remain in the host country after receiving notice of the program's termination, I bear complete responsibility and liability for my own care and safety.

7. I will comply with all rules and regulations issued by Montana State University, the host institution and the host nation. If I violate any rule, regulation or requirement, I understand that I may be sent home at my own expense. More specifically, I agree that I will:

- a. not buy, sell or use illegal drugs at any time;
- b. not engage in the abusive use of alcohol;
- c. not travel to areas judged unsafe by the U.S. State Department.
- d. follow all relevant immigration regulations of the host country;

8. I will pay all and any required fees and charges applicable to the Program. I understand the Program's cancellation policies and fees and agree to abide by them. This specifically includes the purchase of medical insurance judged appropriate by both Montana State University and the host institution. Moreover, I will submit proof of such insurance before my departure. I am fully responsible for any costs not covered by my insurance.

9. I authorize Montana State University to contact my parents or other family members in the case of an emergency or when Montana State University deems it necessary. I also grant Montana State University the authority during the Program to arrange for necessary emergency medical treatment, if a family member cannot be reached.

10. On my return to MSU, I promise to fill out a program evaluation which will only be used to assist future participating students or allow MSU to assess the program.

I have read and understand this entire Agreement and agree to all its terms and provisions.

Participant's Signature

Date

NOTE: A parent's signature is only necessary if the participant is considered a dependent for federal income tax or financial purposes.

Parent's Signature

Date