

**STUDY ABROAD STUDENT AGREEMENT**  
**Missouri Southern State University**  
**Institute of International Studies**  
**Joplin, Missouri**

Name of Study Tour:	Sponsored by: (School or Dept.)	Faculty Leader:
Dates of Study Tour:	Country/Countries to be Visited:	

Name of the Applicant:	S ID Number:	Major at MSSU:
Passport Number:	Country of Issue:	Date of Expiration:

Please provide one photocopy of the first two inside pages of the U.S. passport or of the pages showing name, date, and place of birth, date of issue of passport, place of issue, passport number, expiration date, etc.

Campus Mailing Address (if applicable):	Permanent Mailing Address:  City/State/Zip:
Telephone Number:	Telephone Number:
Work phone: (if applicable)	E-mail address you use most frequently:

**Emergency Contact**

Please list who should be notified in case of an emergency:

Name:	Home Address:
Relationship:	City/State/Zip:
Home Phone:	Cell Phone:
Work Phone:	E-mail:

Please list a second emergency contact.

Name:	Home Address:
Relationship:	City/State/Zip:
Home Phone:	Cell Phone:
Work Phone:	E-mail:

## Health Conditions

Do you have any health conditions (such as surgeries, hospitalizations, injuries, chronic conditions, physical illness, psychological illness, emotional illness, mental illness, etc.) that may need special consideration before or during your study abroad experience or may affect your ability to participate in this program?       Yes       No

If yes, you are advised to consult with your health care provider. Please supply an explanation below:

Condition: \_\_\_\_\_

How often do you have symptoms? \_\_\_\_\_

Plan for managing this condition while traveling \_\_\_\_\_

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If there is any additional health information that would be helpful for the faculty or program director to be aware of during the study abroad experience, please describe below.

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## Disabilities

Do you have a disability that will require accommodations while abroad?       Yes       No

(If yes, you must meet with the MSSU Coordinator of Disability Services before departure. If you do not disclose your disability and/or request accommodations until abroad, MSSU may not be able to assess and accommodate your need.)

If yes, please supply an explanation below:

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In consideration of my participation in a Study Abroad Program, I  
\_\_\_\_\_ hereby agree to the following conditions  
of participation: (please print name)

Please *initial* each section after reading.

\_\_\_ I understand that the Study Abroad Program is an academic program and that I am responsible for attending all meetings, classes, and other scheduled activities. If I become detached from the Study Abroad Program group, fail to meet a departure bus, subway, train, or airplane, or become sick or injured, I will at my own expense seek out, contact, and reach the group at its next available destination.

\_\_\_ I understand that the University reserves the right to cancel trips, and to make changes in the Study Abroad Program, including the itinerary, travel arrangements or accommodations, at any time as may be required because of emergency, changed conditions or the University's determination that such changes are in the best interest of the Study Abroad Program or its participants. I further understand that the University, its governors, officers, employees and agents shall not be liable for any losses or expenses whatsoever to program participants as a result of such cancellations or changes.

\_\_\_ I must abide by the Standards for Conduct, including the policies for sexual harassment and substance abuse, as published in the University's Student Handbook. I know that my violating my responsibility in this regard may result in (a) immediate dismissal from the Study Abroad Program; (b) disciplinary action upon my return to the campus; and/or (c) expulsion or suspension from the University.

\_\_\_ I will abide by the policies, regulations, laws, and customs of the host institution and the host country. I know that I need to be sensitive to the social mores of the host culture. I understand that while I am a visitor in a host country, I will be subject to the laws of that host country, and any breaches of the law are punishable by the appropriate law enforcement authorities in the host country.

\_\_\_ I understand that the University has the right to withdraw me from the Study Abroad Program if the faculty group leader or program director believes that my continued presence in the program poses a danger to the health or safety of persons or property, or if I engage in disruptive behavior or conduct that could bring the program into disrepute. I agree further that a decision to withdraw me from the program is final and that I am not entitled to any refund.

\_\_\_ I further understand that I am solely responsible for any and all costs arising out of my own voluntary or involuntary withdrawal from the Study Abroad Program prior to its completion, including withdrawal caused by illness or disciplinary action.

\_\_\_ I hereby assure the University that I have consulted with a health care provider with regard to my personal medical needs and do further state that there are no health related reasons or problems that preclude my participation in the Study Abroad Program.

\_\_\_ I agree to purchase International Student Identity Card (ISIC) Premium Insurance Coverage and provide proof of such insurance coverage to the University at least three weeks prior to departure. (International Student Exchange Program (ISEP) students agree to purchase their medical insurance directly from ISEP and provide proof of such coverage to the University at least three weeks prior to departure.)

\_\_\_ In the event I suffer injury or illness while participating in the Study Abroad Program, I hereby authorize the University by and through its authorized representative(s) or agent(s) in charge of the Study Abroad Program to take whatever action at their discretion is deemed necessary without my consent for treatment including, but not limited to, hospitalization, the administration of an anesthetic, necessary drug therapy, and surgery. If necessary or desirable, I also authorize them to transport me back to the United States for medical treatment. It is understood that all medical treatment shall be solely at my expense, and I agree to reimburse the University for any and all expenses, including, but not limited to, transportation costs, associated with or in any way related to my medical care.

\_\_\_ I understand that there are certain dangers, hazards and risks inherent in international travel, the Study Abroad Program, and any other related activity. Such dangers, hazards and risks may include, but are not limited to, airplane crashes, motor vehicle accidents, terrorist incidents, political unrest, strikes, criminal acts, weather, sickness, disease, quarantine, governmental restrictions or regulations and other risks that may not be foreseeable. I am aware of the risks of living in a foreign country where laws and the judicial system are different from what I am accustomed to and where penalties may be harsh and constitutional safeguards may not exist. I am also aware of all the risks of living and traveling alone in a foreign country, should I purposely or accidentally separate myself from my project group or decide to remain abroad upon the end of this program. I agree to assume sole responsibility for all dangers, hazards and risks arising out of or related to international travel, the Study Abroad Program, and any other related activity.

\_\_\_ I understand that third parties, including but not limited to host institutions, may participate in or be a part of any Study Abroad Program. I understand that such third parties are independent contractors and not agents of the University. I further understand that the University is not sponsoring activities which may be undertaken or supervised by host institutions or other such third parties.

\_\_\_ In consideration for receiving permission by the University to participate in the Study Abroad Program and for other good and valuable consideration, I hereby **RELEASE, WAIVE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO HOLD HARMLESS** for any and all purposes the University, its Governors, officers, employees, and agents (hereinafter referred to as "Releasees") from and against any and all costs, liabilities, claims, demands, injuries (including death), and damages, including court costs and attorney's fees and expenses (hereinafter referred to as "Losses"), whether known or unknown, foreseen or unforeseen, arising from or related to my participation in international travel or the Study Abroad Program or any situation or event related to international travel or the Study Abroad Program or any other related activity, **WHETHER OR NOT SUCH LOSSES ARE CAUSED BY THE CARELESSNESS OR NEGLIGENCE OF THE RELEASEES**, or otherwise. To the extent required by applicable

law, this waiver does not apply to any particular Releasee to the extent such Losses are caused by the intentional or grossly negligent conduct of such Releasee.

\_\_ I expressly understand and agree to indemnify and hold harmless the University, its Governors, officers, employees, and agents (“Indemnitees”), from any and all Losses, whether known or unknown, foreseen or unforeseen, which may occur as a result of, or arise from or relate to, my participation in international travel or the Study Abroad Program or any situation or event related to international travel or the Study Abroad Program or any other related activity, **WHETHER OR NOT SUCH LOSSES ARE CAUSED BY THE CARELESSNESS OR NEGLIGENCE OF THE INDEMNITEES**, or otherwise; provided, however; that I shall have no obligation to indemnify and hold harmless a particular Indemnitee from Losses to the extent such Losses result from that Indemnitee’s intentional misconduct or gross negligence.

\_\_ It is my express intent that this Study Abroad Student Agreement and Release shall bind my family, spouse, heirs, assigns and personal representatives. I further agree that this Study Abroad Student Agreement and Release shall be construed in accordance with the laws of the State of Missouri.

\_\_ I have carefully read this Study Abroad Student Agreement and Release before signing it. I acknowledge that I have had an opportunity to ask any questions I have about it, that I understand and accept its terms, and that I have signed it knowingly and voluntarily as my own free act and deed. I am at least eighteen (18) years of age and fully competent.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Subscribed and sworn to (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

**Release of Student Information:**

Before, during, and after a student's participation in a Study Abroad Program, the Institute of International Studies may wish to provide relevant information to the campus community or the news media. The information released could include your name, hometown, year and major at MSSU, photographs, and details about your specific Study Abroad Program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_