Ball State University
Off-Campus Study Abroad Program
Liability Release Agreement

1. I fully understand that there are dangers, hazards, and risks inherent in off-campus study activities, which could include serious or even mortal injuries and property damage. I realize that Ball State University does not require me to participate in this program, but I wish to do so in spite of the dangers and risks.

2. I fully understand that Ball State University assumes no liability for activities which I choose to participate in during unsupervised free time.

3. I am fully aware of the fact that I am responsible for all of my personal medical needs. Should I require hospitalization while studying abroad, I am responsible for the payment of such costs. I understand that the faculty leader of this study abroad program will provide information about disease risks in the area to be visited. I agree to abide by his/her requirements/recommendations concerning inoculations, oral medications, etc.

4. I recognize and agree to accept that I am responsible for loss or additional expense due to disruption of travel arrangements or other services, or sickness, weather, strikes, or other unforeseen causes. Ball State University is not liable for any fare changes, dishonors of any reservations, missed connections, injuries (including death), losses, damages, or circumstances beyond the control of the University. If I am required to spend additional nights due to weather, flight schedules, or any other circumstances beyond the University’s control, the University shall not be responsible for my costs associated with my hotel, meals, or other expenses.

5. Ball State University has the right to substitute hotels/housing at any time, and the University will make all decisions regarding room and housing assignments.

6. Ball State University reserves the right to decline my participation in the program and to require me to return early should my behavior hinder the program or the rights of any person. The agents of the University have the discretion to require me to leave the program if my conduct violates any University policy or procedure and to refer me to appropriate University officials for further actions. In such an event, I will not be entitled to a refund from the University.

7. I realize that Ball State University has the right to cancel this program or to alter or modify the itinerary and/or academic program as deemed necessary by the University or program leaders. These alterations or modifications to the itinerary and/or academic program may be with or without notice, and Ball State University shall not be liable for any loss I sustain due to any such alternation or cancellation.

8. I acknowledge and understand that Ball State University assumes no liability for any loss, damage, destruction, theft, or the like to my luggage or personal belongings.

9. In the event that I am separated from the group, I realize that I am responsible for contacting or rejoining the group at its next destination, and I will bear all costs associated with such a situation.
10. Should I develop legal problems while participating in the program, I will attend to the matters personally with my own funds.

11. If I choose not to return with the group after the final date of the off-campus study program and choose instead to remain behind at my own discretion, I fully understand that Ball State University no longer has any responsibility to me. Therefore, I release Ball State University from any liability for my safety and that of my property in my post-program activities and/or travels.

12. I agree that this Agreement shall be enforced in accordance with the laws of Indiana. The terms and provisions of this Agreement shall be severable, such that if a court of competent jurisdiction holds any term to be illegal, unenforceable, or in conflict with any law governing this Agreement, the validity of the remaining portions shall not be affected thereby.

13. Therefore, I agree to assume and take on myself all of the risks and responsibilities associated with my participating in this off-campus study program. In consideration of and in return for the services, facilities, and other assistance provided to me by Ball State University in this program, I release Ball State University and its board of trustees, officers, employees, and agents (in their official and individual capacities) from any and all liability, claims, and actions, damages, expenses and costs that may arise from injury, harm, death, or damage due to participation in this program.

14. I agree to be legally bound by this Agreement. I also understand that this Agreement binds my heirs, executors, administrators, and assigns.

I have read and understand this entire Agreement, and I will abide by its terms and conditions.

___________________________________
Signature of Participant

___________________________________
Signature of Participant’s Parent/Guardian
(Required if under 21)

___________________________________
Signature of Participant’s Parent/Guardian
(Required if under 21)

Ball State University
Off-Campus Study Abroad
EMERGENCY INFORMATION

Please provide names and phone numbers for two individuals who may be contacted in case of an emergency. Complete ALL blanks. IT IS ESSENTIAL THAT YOU PRINT LEGIBLY!

STUDENT NAME: ____________________________________________

Last First

BSU PROGRAM NAME: ____________________________________________

<table>
<thead>
<tr>
<th>PRIMARY CONTACT:</th>
<th>SECONDARY CONTACT:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: ___________________</td>
<td>Name: ___________________</td>
</tr>
<tr>
<td>Relationship: ___________________</td>
<td>Relationship: ___________________</td>
</tr>
<tr>
<td>Phone Number 1: ( ) ______ - _______ ext. ______  residence  workplace</td>
<td>Phone Number 1: ( ) ______ - _______ ext. ______  residence  workplace</td>
</tr>
<tr>
<td>Use this number between the hours of: _____am/pm and _____am/pm</td>
<td>Use this number between the hours of: _____am/pm and _____am/pm</td>
</tr>
<tr>
<td>Phone Number 2: ( ) ______ - _______ ext. ______  residence  workplace</td>
<td>Phone Number 2: ( ) ______ - _______ ext. ______  residence  workplace</td>
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<td>Use this number between the hours of: _____am/pm and _____am/pm</td>
<td>Use this number between the hours of: _____am/pm and _____am/pm</td>
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Medical Condition and/or medication that you take on a regular basis: (This information will remain confidential, but is essential in case of an emergency.)

_______________________________________________________________________________

BALL STATE UNIVERSITY
Study Abroad Program

Health Evaluation

To the Physician: ___________________________________________ has applied for admission to a Ball State University study abroad program. In order to be eligible for the program, all applicants must receive certification indicating that the student is in good health. This should be determined by an examination of the candidate.

I have examined the above-named student and am satisfied that s/he is qualified to participate in the study abroad program. To my knowledge, this student presents no evidence of a chronic disability or recurring ailment that is likely to require medical or surgical attention prior to his/her return.

I have examined the above-named student and have identified the following areas in which medical attention may be required prior to his/her return.

In your opinion, would the indicated medical problems preclude this student’s successful participation in study abroad program?

_____ Yes  _____ No

Date of Examination  ________________________________

______________________________
Signature of Attending Physician

______________________________
Name of Physician

ORM 1 – International Travel
**Traveler’s Information**

Name: ____________________________________________________________

Address: _________________________________________________________

Phone: __________________________________________________________

Email: __________________________________________________________

Status  □ Student  □ Employee  □ Other – Specify______________________

**Description of Travel**

Purpose of Travel: _________________________________________________

Location (Country and Cities)________________________________________

Exact dates of Travel______________________________________________

☐ Attach a complete itinerary of travel, including departure/arrival dates, airline flight #’s, all locations you will stay at abroad, and all modes of transportation you might use abroad.

**Emergency Contact Information**

Traveler’s name as it appears on passport:

_______________________________________________________________

Phone number(s), email addresses, social media contacts where traveler can be reached abroad:

_______________________________________________________________

Traveler’s U.S. contact for use in the event of an emergency or crisis: _____________________________

Relation to Traveler:_____________________________________________

Address: _________________________________________________________

Cell phone: _______________________________________________________

Day phone: _______________________________________________________

Email address: ___________________________________________________

Other social media:_________________________________________________

**Emergency Contingency Plan**

*Please respond to the following questions.*

If travel is cancelled by the University at the last minute, what measures have you taken to recapture prepaid fees, plane tickets, etc?

_____________________________________________________________________________________
_____________________________________________________________________________________

If you suddenly have to return to the United States because of a family emergency or personal health situation, how do you plan to do that?

_____________________________________________________________________________________
_____________________________________________________________________________________

If you need medical attention abroad, what facility would you visit?

_____________________________________________________________________________________
_____________________________________________________________________________________

What would you do if your passport was lost or stolen?

_____________________________________________________________________________________
_____________________________________________________________________________________

What would you do if your credit cards or cash were lost or stolen?

_____________________________________________________________________________________
_____________________________________________________________________________________

What would you do if your cell phone was lost or stolen?

_____________________________________________________________________________________
_____________________________________________________________________________________

How would you contact the University if you needed to?

_____________________________________________________________________________________
_____________________________________________________________________________________