



MSEP EDUCATION ABROAD PARTICIPANT AGREEMENT

Participant's Full Name (printed)

Program

1. I acknowledge that Massachusetts Maritime Academy's education abroad programs represent the values of intercultural competencies and ethical reasoning and actions – locally and globally. While visiting/living in the foreign host institution, I will strive to understand and respect norms of conduct and patterns of the host culture. I agree to represent the Academy responsibly and to respect and/or abide by the dress and cultural codes suitable to the cultures visited.
2. I agree to abide by all policies and regulations set by the Academy's Office of Multicultural and International Affairs (OM&IA) and of the host institution/program that I may be attending. I understand that as a participant in an education abroad program, I remain enrolled at the Academy and will continue to abide by all Academy policies, rules or regulations outlined in the International Experience Program and Regimental Manual. I understand that the Academy has the right to, and will, withdraw me from the program at any time if, in the judgment of the Commandant of Cadets, on the advice of the MSEP Department Chair and/or other faculty and staff, I have violated such policies, rules or regulations or have engaged in disruptive behavior, academic infractions, or conduct which could bring the program into disrepute or disrupt the operation of the program. I agree, specifically, that I will have no involvement with illegal drugs, will not engage in illegal or abusive use of alcohol, and will participate in all classes and scheduled activities. I agree further that a decision to withdraw me from the program is final and that I am not entitled to any refund.
3. I further agree that the Academy may withdraw me from the program and send me home at any time during the program at my expense if the Academy determines that my continued participation in the program will adversely affect my health, safety or welfare, or the health, safety, welfare or enjoyment of the program by others. I agree further that a decision to withdraw me from the program is final and that I am not entitled to any refund.
4. I understand that the procedures outlined in this Agreement for dealing with discipline and well-being may differ from those outlined in the Regimental Manual, and I agree that the procedures outlined in this Agreement shall apply while I am a participant in the program. Further, I understand that a determination made by the MSEP Department Chair may be the basis for further disciplinary action by the Academy, in addition to causing my withdrawal from the program.
5. I understand and agree that in order to be assessed and receive credit for academic work completed while studying off-campus, I must participate fully in the program. I also recognize that I am expected to complete the entire program and that I forfeit credits should I choose to arrive after the program begins or leave the program early without the prior consent of the host institution, the MSEP Coordinator and the Office of the Commandant of Cadets.
6. Health and Safety
 - a. I understand and acknowledge that there are risks and delays common to travel abroad and that there may be special health risks associated with living and studying in the country or area I have chosen. I understand that I have a responsibility to exercise due caution in my behavior while in the program and agree further that I am personally responsible for obtaining adequate health insurance, health information, instruction, immunizations, and prescription and/or over the counter medications appropriate to my program.
 - b. I have consulted with a health care provider to understand the necessary precautions to avoid illness and stay healthy during the program. I have no health conditions that preclude or restrict my ability to participate in the program.
 - c. During my participation in the program, I grant the Academy full authority to take whatever actions it may consider to be warranted under the circumstances regarding the protection of my health and safety, and I hereby release it from any liability for any such decisions or actions as may be taken by it in connection therewith, notwithstanding information requested by the Academy in connection with my participation in the program. The full authority granted herein shall include the right to place me, at my own expense, and without any further consent, in a hospital for medical services and treatment, or, if no hospital is readily accessible, to place me in the care of a local medical doctor for treatment. If the Academy deems it necessary or desirable, I authorize it to transport me back to the U.S., by commercial airline or otherwise, at my own expense, for medical treatment.
 - d. I hold the following health insurance coverage which is valid overseas for the duration of my study abroad program. I understand that if this information should change I must notify the MSEP Department Chair and the OM&IA at once; further, that if this insurance should lapse because of unpaid premiums during my stay, I and my parent(s)/guardian(s) are responsible for health expenses incurred.

Insurance Company

Policy Number

7. Indemnification and Release of Claims

- a. 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. I acknowledge and agree that the Academy, the Massachusetts Board of Higher Education, the Commonwealth of Massachusetts and each of their trustees, officers, employees and agents, cannot be held responsible for any injuries, loss or damage to me or to my property suffered during, as a result of, or in any way associated with my participation in the program (including periods in transit to or from any country where the program is being conducted).
- b. I agree to indemnify and hold harmless the Academy, the Massachusetts Board of Higher Education, the Commonwealth of Massachusetts and each of their trustees, officers, employees and agents, from and against all claims and actions for property damage or personal injury sustained by me or any other person or entity, which arise out of my participation in the program, including but not

limited to, violations of policies and regulations of the host institution, violations of the policies, rules and regulations of the Academy, violations of law, and/or which are due to my sole or concurrent negligence.

- c. I, on behalf of myself, my heirs and personal representatives, hereby release the Academy, the Massachusetts Board of Higher Education, the Commonwealth of Massachusetts and any cooperating institution and each of their officers, employees, successors and agents from any and all claims and causes of action for inconvenience, damage to or loss of property, medical or hospital care, personal illness or injury or death arising out of my participation in the education abroad program and/or travel or activity conducted by or under the control of the Academy or any cooperating institution.
 - d. I acknowledge and agree that the Academy is not responsible for any injury or loss I may suffer during periods of independent travel (which I understand are unsupervised), including travel beyond the end-date of the program, and when I am otherwise separated or absent from any Academy-supervised activities. I hereby agree to release and forever discharge the Academy, the Massachusetts Board of Higher Education, the Commonwealth of Massachusetts and each of their trustees, officers, employees and agents, from any and all claims and causes of action that arise from a time when I am not under the direct supervision of the Academy or that are caused by my failure to remain under such supervision or to comply with such rules and instructions.
 - e. All references to the Academy include its trustees, officers, directors, deans, department chairs, faculty, staff members, chaperones, group leaders, employees, agents, affiliates, successors and assigns, as the case may be.
8. I have read and understand the Academy's refund policies as outlined in the College Catalog and published in this student agreement by the OM&IA, and I understand that any and all costs relating to my chosen education abroad program are non-refundable.
 9. I understand and agree that I will provide all completed materials; forms and payments by the due dates specified and recognize that failure to do this may result in either added costs or in my being withdrawn from the program. Further, I have read or will read and understand all general information provided on this program by the MSEP Department Chair and the OM&IA, and will attend and participate in all preparation meetings and other pre-departure briefings.
 10. I grant permission to the MSEP Department Chair to request on my behalf an official or unofficial transcript from the Academy's Registrar's Office for the purpose of reviewing my GPA or to send the transcript directly to the institution to which I am applying. If I am from another school or have a transcript through another school, it is my responsibility to request a transcript with current information to be sent to the OM&IA, if applicable.
 11. I grant permission to the OM&IA to release my name and contact information to fellow program participants and to future students interested in applying to study off-campus.
 12. I understand that the Academy has the right to make cancellations, substitutions, or changes in case of emergency or change conditions in the interest of the program.

Please list the first person to contact in case of emergency for the time the participant is abroad:

Name	Relationship	E-mail
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Address: Street Name	City	State	Zip Code
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Home Phone	Work Phone	Cell	Fax
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I understand that this Agreement contains a release of legal rights. I have carefully read and understand the terms and conditions set forth in this Agreement before signing it.

Participant's Full Name (printed)	Signature	Date
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Program

Signature of Parent or Legal Guardian if Student is under Eighteen (18). I am the parent or legal guardian of the above student. I have read the foregoing Education Abroad Participation Agreement. I am and will be legally responsible for the obligations and acts of the student as described in this Agreement, and I agree, for myself and for the student, to be bound by its terms.

Full Name of Parent/Guardian (printed)	Signature	Date
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Please note that all signatures must be original. Faxed or photocopied signatures cannot be accepted.

Please return this form to the student or mail to:

Massachusetts Maritime Academy
Office of Multicultural and International Affairs
101 Academy Dr.
Buzzards Bay, MA 02532