

Student Name: _____ Program Director/s _____

Agreement of Responsible Travel

Traveling overseas incurs a certain level of risk. These risks are minimized by the exercise of reasonable care, which includes a knowledge of and adherence to all appropriate health guidelines for the countries you are visiting, being aware of travel advisories issued by the U.S. State Department for the country or region in which you are traveling, and familiarizing yourself with other local conditions which may impact your travel. While studying abroad, you assume responsibility for your own health, safety, and academic performance. By asking W&L to grant credit for academic work performed abroad, you are agreeing to travel and to study responsibly. While studying overseas you also agree to represent W&L well in both your personal and academic conduct, to adhere to our Honor System, to obey the local laws and to be sensitive to the social customs of your host country. W&L generally will not approve or endorse a study abroad or research proposal that involves travel to or through a country for which there is a current U.S. State Department Travel Warning urging American citizens to defer travel to that region.

Acknowledgment of Risk and Statement of Responsibility. My participation in this study abroad program is voluntary. I acknowledge that there are risks inherent in traveling and living abroad and I agree to assume and accept all risks and responsibility for my health, safety, and property while participating in this program. Without reservation, and on behalf of myself, my heir, and my estate, I release Washington and Lee University ("the University"), its officers, trustees, agents, and employees, from any claim or liability of whatever nature arising out of, or in any way related to my participation in this program, including , but not limited to, injury, loss, damage, delay, medical or other expense from any cause whatsoever (including, but not limited to, sickness, accident, weather, war, quarantine, government restrictions, act or omission of a common carrier, hotel, restaurant or other agency). I understand that the University reserves the right to award or deny me academic credit for any study undertaken while abroad based on my academic performance and my adherence to the policies and guidelines established by the University for such study overseas, including attendance at all required orientation meetings and submission of a completed evaluation at the end of the program. I understand that the University reserves the right to make cancellations, schedule adjustments, fee changes or other changes/substitutions in the program as necessary given emergencies, changed conditions or tariffs/rates, or in the best interests of the group and/or program

I acknowledge that it is my responsibility to obtain and carry at all times a valid passport and any other travel documents deemed necessary by the program director or the institution in which I intend to enroll. I give my permission for the host institution or program abroad, the U.S. State Department or any other agency of the United States or other national or local government to release to W&L any information regarding my whereabouts, health, safety or well-being. I will comply with the University's policies and standards for student conduct, the host institution's or program's rules and guidelines, and the laws of the host country(ies) while participating in this program. I agree to follow the instructions and guidelines given to me by the Program Director. I understand that alcohol abuse or other substance abuse will be considered a serious offence against program protocol and will result in my immediate dismissal from the program. I understand and agree that if I violate any of these, or otherwise demonstrate behavior which is detrimental to the group or the program, I may be dismissed from the program and sent home at my own expense and that, in this case, may forfeit any rights to academic credit from the University for study performed while abroad.

(For non-U.S. citizens only). I acknowledge that I have considered the immigration and visa implications/risks of travel on this Spring Term Abroad program and have found no impediments to traveling out of the United States at that time.

Consent to Treatment I represent that I am physically able, with or without accommodation, to participate in this program and have obtained or will obtain the required immunizations. I have consulted with my primary care physician and/or mental health provider about my study abroad plans and they agree that there are no contraindications to my participation on this program. If I am currently under medical or mental health treatment or expect to be at the time of my study abroad, I understand that I must disclose this information as a part of this application process and attach a letter explaining my condition and treatment. I understand that it is my responsibility to have adequate health and accident insurance coverage at all times while participating in this program, either through the W&L student insurance policy or through a study abroad insurance policy, and that this coverage must be demonstrated to the Center for International Education. I agree to advance all necessary medical expenses. Should I require any medical treatment while on the program I grant the University (through any of its faculty representatives on the program) full authority to consent to whatever action they feel is warranted under the circumstances regarding my health and safety, including medical treatment or evacuation, all at my expense.

I further understand that I am solely responsible for any financial obligations entered into with regard to my study abroad program and assume responsibility for payment of any program or university fees. I further agree to immediately report any scholarships or grants awarded to me from any source to W&L's Office of Financial Aid and to work with that office in a timely manner and as instructed for the transfer of any W&L aid to cover costs associated with my study abroad program. I understand that the deposit and all payments are non-refundable and that as of January 15, I am responsible for the full cost of the program, except in the event of medical emergency or program cancellation.

We ask that you please share this written agreement with your parent(s) or guardian(s).

Participant Signature

Date

Parent or Guardian Signature

Date

This form must be returned to the Center for International Education with your program deposit by the deadline of Dec. 1st, 2009.