

## Form 2: Conditions of Participation Agreement - submit by mail

NOTE: Regardless of age, if a parent or guardian is financially responsible for you, both you and your parent/guardian must sign the Conditions of Participation form. Please return this form within ten days of your acceptance.

Name \_\_\_\_\_ SSN# \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
last first middle initial

Country and Program of Study \_\_\_\_\_ Spring, Fall, Academic Year, Summer 20\_\_\_\_  
Please circle one that applies

### Conditions of Participation Agreement

1. I (we) have read the information contained in the acceptance email and, in consideration of the acceptance by Syracuse University Abroad of the student named above, understand and agree to the conditions under which the program is offered.
2. I (the student participant) agree to conform to the *Syracuse University Code of Student Conduct, the Statement of Student Rights and Responsibilities*, and the *SU Abroad Standards of Behavior*; published in the *Syracuse University Study Abroad Handbook*. The handbook is available online at [suabroad.syr.edu](http://suabroad.syr.edu).
3. I (we) accept financial responsibility for all University tuition, fees, and charges associated with expenses for the program, and understand payment is due prior to the time of departure. I (we) understand if payment is not made prior to departure, the University may bar me from participation in the program.
4. I (we) release Syracuse University and its trustees, officers, employees, and agents from, and agree not to sue them for any and all claims and causes of action for loss of or damage to property, bodily or personal injury, loss of companionship or support, or death sustained by me (the student participant) or third parties arising out of any activity or travel conducted by or under the control of Syracuse University, unless the loss, damage, injury, or death is caused by the negligence of Syracuse University.

In giving this release and agreement, I (we) understand that travel, living and study outside the United States involve risks that are beyond the control of Syracuse University. I (we) understand that the social, cultural, political, religious, governmental, health care, legal (both civil and criminal) and other systems, as well as the geophysical characteristics, of foreign countries may be different, in subtle and/or significant ways, from those in the United States. For example, behavior that is considered normal or acceptable in the United States, may be illegal or socially or culturally unacceptable or offensive outside the United States; police, fire and other governmental systems may be inadequate by U.S. standards in certain countries; the quality and availability of health care may be very different than what is typically available in the United States. Finally, certain programs, by their nature, contemplate travel and/or other activities (for example strenuous physical activity, sea travel, etc.) that carry increased levels of risk.

I (we) acknowledge that I (we) have fully considered, and voluntarily assume, all of these and any and all other risks of participation, it being understood that the foregoing is but a partial list of potential risks. I (we) also acknowledge that participation in this program is optional and that participation would not have been permitted without this release and agreement.

5. Syracuse University reserves the right to cancel any program or course at any time when deemed appropriate due to unforeseen circumstances.
6. Refunds for tuition and fees will be made in accordance with the current refund policies of Syracuse University Abroad (found in the *Study Abroad Handbook*), as stated in Syracuse University's publication *Tuition, Fees, & Related Policies* in effect for the corresponding year.
7. If students under 21 years of age leave the host city overnight, such travel must be approved by the student's parent or guardian. Approval shall be deemed granted by execution of this form. In addition, the University requests, but does not require, that students inform a SU Abroad overseas staff member of such travel plans.
8. I (we) certify that the student will be covered by health insurance valid outside the United States and sufficient to cover medical expenses during her/his participation in the SU Abroad program.

Name \_\_\_\_\_  
last first middle initial

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9. Occasionally a student may require hospitalization or other medical treatment. Except in a true emergency, most physicians and hospitals will not render medical treatment to a minor without the consent of a parent or guardian, or to a non-minor without the individual's written consent. Please complete either (a) or (b), whichever is applicable.

(a) Minor (under 21; in other countries this age may vary, we use the USA standard):

I (we), the parent(s) or legal guardian(s) of \_\_\_\_\_, born \_\_\_\_\_, 19\_\_\_\_\_, appoint the representatives of Syracuse University in the host country for the program identified above to act on my (our) behalf in authorizing any unexpected medical, dental, or surgical care or hospitalization for my (our) child (ward).

(b) 21 Years of age or over (as of date this form is signed):

In the event that I, \_\_\_\_\_, born \_\_\_\_\_, 19\_\_\_\_\_, am incapable of consenting to medical treatment, I appoint the representative of Syracuse University in the host country for the program identified above to act on my behalf in authorizing any unexpected medical, dental, or surgical care or hospitalization for me.

10. I (we) hereby grant permission for Syracuse University, acting by and through members of the SU Abroad program staff and/or other University employees and representatives, to disclose any and all information relating to the student's participation in the SU Abroad program to (a) persons reasonably believed by them to be the student's parent(s) or legal guardian(s), and (b) if the student is permanently enrolled at another college or university, to employees or representatives of the institution at which she/he is permanently enrolled. The University may make these disclosures for any purpose that it deems necessary or advisable in connection with its administration and operation of the SU Abroad program. For example, the University may disclose this information if and to the extent it believes necessary or appropriate to encourage the student to modify his/her conduct to meet SU Abroad program expectations, and/or to take appropriate action if the student's conduct does not meet program expectations.

I (we) understand and agree that the SU Abroad Executive Director may suspend or terminate the student's participation in the SU Abroad program in the event that the student fails to comply with these Conditions of Participation or other Syracuse University policies and procedures, or if SU Abroad believes that the student's participation poses a danger to the student or others or threatens to impede orderly conduct of the SU Abroad programs. Such suspension or termination is in addition to, and not in lieu of, disciplinary action that may be imposed by Syracuse University or the student's home institution pursuant to applicable policies and procedures.

I (we) have read and understood the above, and my (our) consent to the terms of this agreement is indicated by my (our) signature(s) below.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Required if parent is financially responsible or student is under 21 years of age.)

- OR -

I certify that I am financially independent and will be responsible for paying tuition, fees, and charges. I am over the age of 21. (Parents signature not required).

#### Public Relations/Promotional Releases

1. SU Abroad and the Syracuse University Communications Office sometimes provide participant names to local U.S. media. If you do NOT agree to the release of your information, check this box.

2. For promotional purposes, SU Abroad requests your permission to use photographs taken of you in public places during your experience abroad. If you do NOT agree to the release of your images, check this box.

Please return this completed form to:

Syracuse University Abroad  
106 Walnut Place  
Syracuse, NY 13244-2650