I have been approved and wish to participate in the Study Abroad in Montpellier program offered through the University of Minnesota’s Education Abroad Office, on the Twin Cities campus, during the approximate dates of 09/01/2014 through 12/20/2014. I understand this education abroad activity is subject to the University of Minnesota Policy on Education Abroad Opportunities: Addressing Health & Safety Risks and Procedure on Preparing for Education Abroad Opportunities. In consideration for the opportunity to participate in this program, I understand and agree that:

1. Academic and Financial Requirements

1.1 I am responsible for all academic requirements, including, but not limited to, classroom work, assignments, projects, and field trips.

1.2 I am responsible for payment of all program fees and/or tuition and understand that an official hold may be placed on my records until I make all required payments.

1.3 I am responsible for the information contained in the Education Abroad Office's Cancellation Policy regarding payment for all program fees. I understand that if I desire to cancel my participation, I must notify my Education Abroad Office in writing, and that I am responsible for all portions of the program fees as calculated from the date my notification is received by the Education Abroad Office on my campus.

1.4 I understand that I will be provided with international travel health insurance as part of the program fees/tuition which I pay for this activity, or, I will be required to purchase the mandated coverage through the education abroad office on my campus. This coverage includes health insurance (including hospitalization, doctor’s visits and prescriptions), medical evacuation and repatriation, and security evacuation. I am responsible for the cost of any additional insurance that I may elect to purchase as well as the cost of health care not covered by my insurance.

1.5 I have reviewed, understand and agree to comply with the following policies, accessible via the following links:

- Education Abroad Opportunities: Addressing Health & Safety Risks
- Preparing for Education Abroad Opportunities
- Student Code of Conduct
- Education Abroad Code of Conduct
- Cancellation Policies (one or more may apply, depending on the campus from which the program originates):
  - Crookston: (See the Twin Cities Learning Abroad Center Cancellation Policy)
  - Duluth: http://www.d.umn.edu/ieo/additional/cancelpolicy.htm
  - Morris
  - ACE: http://www.morris.umn.edu/ACE/studyabroad/
GST/ELTAP programs:
http://www.morris.umn.edu/GST/DeadlinesFees.html

Twin Cities
Carlson Global Institute: http://www.carlsonschool.umn.edu/education-abroad/policies.html
Learning Abroad Center:
http://www.umabroad.umn.edu/students/policies/finances/

2. Health Factors

2.1 I am responsible for submitting a complete and accurate medical history on the health
information form provided by the Education Abroad Office on my campus or program co-
sponsor and I state that I have done so.

2.2 I am responsible for requesting reasonable accommodations related to a disability in a
reasonable time frame prior to departure. I understand that I must provide the
University’s Office for Disability Services with documentation of my disability to be
considered for accommodations. I further understand that my requested accommodations
may not be available at the overseas site but that every effort will be made to provide
alternative accommodations whenever possible.

2.3 I understand that if I do not make my medical and psychological needs known in a timely
manner, the Education Abroad Office on my campus may delay my participation in the
program until reasonable accommodations can be determined.

2.4 If in the course of the program, my Education Abroad Office or the program sponsor
should determine in its good faith judgment that the health, safety or welfare of myself or
others, or the integrity of the program, is jeopardized by my continued participation, I
agree to withdraw or be subject to expulsion from the program and return to the U.S. and
in such cases may lose all academic credit for the program and remain responsible for the
full payment of all program fees.

3. Personal Behavior

3.1 I am subject to the University of Minnesota Student Conduct Code and the Policy on
Student Conduct in Education Abroad Opportunities while participating in this program,
and all rules of conduct applicable to this activity. I understand that if I violate the student
code or Education Abroad rules of conduct, I may be expelled from the program,
lose all academic credit for the program, and remain responsible for full payment of all
fees.

3.2 I may not purchase, possess, and/or use any illegal or unauthorized drugs during the
duration of the program, including free time. I understand that illegal drug purchase,
possession, or use jeopardizes myself, other students in the program, and the program
itself. I understand that violation of this Education Abroad rule of conduct may result in
immediate expulsion from the program and loss of all academic credit for the program. I
further understand that I would remain responsible for the full payment of all program
fees.

3.3 I understand that neither the program nor the US Embassy can obtain my release from jail
if I am jailed for any reason.

4. Travel Risks and Waiver

4.1 I am responsible for informing an official representative of the University of Minnesota and any cosponsor of my plans to travel while on free time during the period of the program. I agree to complete an independent travel form or provide this information in another manner as directed by the program. As a safety precaution, I agree not to travel to countries that are currently under a U.S. State Department travel warning, or currently not recognized by the U.S. government (i.e., North Korea) within the program dates of this education abroad opportunity. I understand that neither the Education Abroad Office nor its staff, agents, or representative are responsible for any non-program sponsored travel.

4.2 I understand that there are unavoidable risks in participating in education abroad opportunities. I acknowledge that I have been provided website information for US Consular Information, as well as the Centers for Disease Control information, on travel to, in, and around, my program site country; that I am aware of and understand the risks and dangers to my own health and personal safety posed by the use of public transportation to and from and in my site country, by domestic or international terrorism, and by civil unrest, political instability, crime, violence, disease and public health conditions in my site country. I hereby assume, knowingly and voluntarily, each of these risks and all of the other risks that could arise out of or occur during my travel to, from, in, or around my site country.

4.3 In the event the University’s Education Abroad Suspension Committee has granted permission for my travel, I understand and acknowledge that such permission is neither an endorsement nor an assurance of the advisability or safety of such travel.

4.4 I understand that political, social, and/or public health circumstances can change quickly in a country and that it may be necessary for the University or other entities to suspend an education abroad program for health, safety or other reasons before the program term either begins or ends. While the University will make good faith efforts to mitigate expenses in such circumstances, I understand I may remain responsible for certain expenses.

4.5 Waiver. I, individually, and on behalf of my heirs, successors, assigns, and personal representatives, release the University of Minnesota and the Regents of the University of Minnesota, its staff, agents, and representatives, from any and all liability whatsoever for damages, losses, or injuries (including death) that I may sustain to my person or property, arising out of, resulting from, or occurring during my participation in the education abroad program or any travel incident thereto, except to the extent such damage, loss or injury is the result of the grossly negligent conduct of the University of Minnesota or the Regents of the University of Minnesota, its staff, agents, or representatives. This release applies to any loss of property, injury, illness, or death due to theft or other crimes committed by persons other than the employee or agents of the University of Minnesota, political unrest, use of modes of transportation, and activities on the part of fellow participants, host family members, agencies, and organizations, persons, or groups with which the University of Minnesota contracts or which the University of Minnesota recommends for the provision of services for the program. This release further applies to any independent travel or optional activities or sojourns that I may undertake during my
education abroad program.

5. Medical Authorization

5.1 I authorize the University of Minnesota and its agents to secure medical treatment on my behalf in the event of a health emergency, and I accept financial responsibility for such medical treatment.

5.2 I also authorize the University of Minnesota and its agents to release medical information contained in the Education Abroad Office files to my program, insurance company or a care provider in the event of a health emergency, or as needed to provide reasonable accommodations.

5.3 I further authorize the University’s insurance partners, or duly authorized subcontractors to release to the University’s Director of International Health, Safety and Compliance, or his/her designee, medical or health information of any nature whatsoever, including medical records or information for mental/nervous disorders, HIV/AIDS or any other physical or psychological condition. I understand that I may revoke this authorization in writing with my College, Department, Faculty and any external sponsors/providers.

6. Photographic Likeness Release

6.1 For good and valuable consideration, I authorize the Education Abroad Office on my campus and its agents to record photographs or other portraits or likenesses of me while participating on this program abroad on videotape, audiotape, film, photographs or any other medium and use, reproduce, modify, distribute, and publicly exhibit such recordings, in whole or in part, without restrictions or limitation for promotional purposes. I further consent to the use of my name, voice and biographical material in connection with such recordings. In accordance with Federal Privacy regulations personal data will not be disclosed without my express written permission, except as otherwise provided herein.

6.2 I release the University of Minnesota, its successors and assigns, agents, and all persons for whom it is acting from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the recording process, or any unintentional misspellings or inaccuracies and waive any right that I may have to inspect or approve the finished recordings.

6.3 If due to private circumstances I cannot allow the use of my likeness, I can officially notify the Education Abroad Office of such, in writing, and that request will override this release.

I HAVE READ THIS RELEASE AND WAIVER AGREEMENT AND ACCEPT EACH OF THE ABOVE RESPONSIBILITIES AND VOLUNTARILY SIGN THE RELEASE AND AUTHORIZATION FOR MEDICAL TREATMENT.

I understand that submitting this contract electronically using my university X.500 username and password is the same as my signature and binds me to each and every provision of this document.
FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child’s involvement or participation in these programs as provided above, even if arising from the negligence of the Releasees, to the fullest extent permitted by law.

Signed by: ________________________
Phone Number: ____________________
Date: ____________________________