

Consent & Agreement Form

Student Name (printed): _____

Destination (city/country): _____

Program name: _____

Provider name: _____

Program start date _____
mm/dd/yyyy

Program End Date: _____
mm/dd/yyyy

I, the undersigned, an applicant for study abroad under the University of New Hampshire (hereinafter referred to as UNH) Intercollege Option (hereinafter referred to as INCO) or through the Dual Major in International Affairs (hereinafter referred to as IA), do waive and release all claims against UNH and its agents, and any host schools, institutions, or study centers abroad, for any injury, loss, damage, accident, delay or expense resulting from the use of any vehicle, any strikes, violence, war, weather, sickness, quarantine, government restrictions or regulations, or arising from any act of omission of any airline, railroad, bus company, taxi service, hotel, restaurant, school, or other firm, agency, company or individual. I also release UNH and its agents and agree to indemnify them with regard to any financial obligations that I may personally incur or any damage of injury to the person or property of others that I may cause, while participating in study abroad under INCO/IA.

I understand and agree that foreign travel presents risks to me and my property. These risks can include, among others: unfamiliar or different terrain, climate, food and drink, customs, laws, social and sexual mores, safety practices and regulations, communications, criminal and law enforcement activities, disability access, driving practices, disease risks, and health care. I understand that I am responsible for researching and evaluating the risks I may face and am responsible for my actions. Any activities that I may take part in, whether as a component of the study abroad program under INCO/IA or separate from it, will be considered to have been undertaken with my approval and understanding of any and all risks involved. This expressly includes, without limiting the foregoing, risks of loss, injury, or death associated with the consumption of alcoholic beverages and drugs such as traffic accidents, assault, and theft.

I hereby grant UNH and its agents full authority to take whatever actions they may consider to be warranted under the circumstances regarding my health and safety, and I fully release each of them from any liability for such decisions or UNH or its agents incur special expenses on my behalf in regard to the above, I (and my parents or guardian) agree to make immediate repayment upon my return.

I will comply with UNH and host institution rules, standards and instructions for students' behavior. I hereby waive and release all claims against UNH and its agents arising at a time when I am not under the direct supervision of its agents or arising out of my failure to comply with such rules, standards and instructions; and I agree to indemnify UNH and its agents against any consequences thereof. I agree that UNH shall have the right to enforce appropriate standards of conduct and that it may at any time terminate my participation in INCO/IA for failure to maintain these standards or for any actions or conduct considered to be incompatible with the interest, harmony, comfort and welfare of other students. If my participation is terminated, I consent to being sent home at my own (or my parents' or guardian's) expense with no refund of fees.

I understand that UNH and its agents are not responsible for any injury or loss whatever incurred by me during my period of study under INCO/IA, during periods of independent travel, periods of absence from the host institution, on group excursions or other activities arranged by the host institution.

Should I choose to remain overseas at the study abroad program location or elsewhere after participation in the study abroad program under INCO/IA, UNH will not be responsible in any way for me or my actions. Should I drop out of the study abroad program under INCO/IA voluntarily or involuntarily, UNH will cease to be responsible for me in any way thereafter. In either of the foregoing events, this release shall remain in full force and effect.

UNH reserves the right to cancel or modify approval for the study abroad program under INCO/IA before or during its operation due to circumstances including emergencies, low enrollment, unavailability of one or more facilities or personnel, or other reasons.

All reference in the Consent and Agreement to "UNH" and "its agents" shall include the University of New Hampshire and the University System of New Hampshire and all of their officers, trustees, program directors and advisors, group leaders, employees, agents and affiliated institutions and companies. All references herein to the "parents" of the applicant shall include the legal guardian or other adult responsible for the applicant.

I understand that if I leave a study abroad program while under INCO/IA, there will be no refund of fees already paid to UNH.

I have read the terms and conditions set forth herein and understand that they constitute a part of my agreement with UNH. I understand and agree to the terms relating to refunds for UNH fees as set forth herein. I further understand that this agreement shall become effective only upon my registration for study abroad under INCO/IA and shall be governed by the laws of the state of New Hampshire.

Signature of Student: _____ Date: _____

Student ID #: _____ DOB: _____ Age: _____

Parent or Guardian (required of students under 21 years of age):

I certify that I am the parent or legal guardian of the above student, and that I have read the foregoing Consent and Agreement (including such parts as may subject me to personal financial responsibility), and hereby relinquish any claims that I might have against the University of New Hampshire or its agents (as set forth above), both on my behalf and in my capacity as legal representative of the above student, including without limitation any claim arising as a result of the student's leaving the supervision of the host institution or at a time when the student has left the supervision of the University of New Hampshire.

Signature: _____ Date: _____

Name (printed): _____

CIE fax number: 603-862-0169