

Name: \_\_\_\_\_ Program: \_\_\_\_\_

Semester: \_\_\_\_\_ Dates: \_\_\_\_\_



**BELLARMINE UNIVERSITY  
INTERNATIONAL PROGRAMS OFFICE  
AGREEMENT AND RELEASE**



This agreement is between the undersigned student (Student) and Bellarmine University (Bellarmine) for participation in a Bellarmine University study abroad program.

**A. University's Obligations**

Bellarmino agrees to:

1. Assist Student in enrolling in a program of education abroad;
2. Assist Student in making housing arrangements abroad if such assistance is included in program description;
3. Provide a Bellarmine faculty member or other on-site coordinator to serve as the representative of Bellarmine or have an agreement with a partner institution abroad to provide student services;
4. Upon successful completion of the program by Student, assign credit for the academic work, if applicable;
5. Take reasonable precautions to protect the welfare and safety of the student, including but not limited to making or adopting in conjunction with the host institution rules and regulations for student conduct designed to safeguard health, well-being and safety.

**B. Student's Obligations**

Student agrees to:

1. Participate fully in the academic program by attending classes, remaining at the host institution for the full duration of the program, carrying at least the designated course load, and completing all examinations; or participate in approved internship or not-for-credit activity;
2. Independently arrange and pay for comprehensive international health and accident insurance plan which also includes medical evacuation and repatriation, particularly if the program does not provide an insurance plan;
3. Assume full legal and financial responsibility for the stay abroad, including but not limited to all program charges as stated in the Fee Schedules for the Bellarmine program abroad and all costs associated with illnesses or injuries sustained or experienced while abroad not covered by insurance;

\_\_\_\_\_  
Student's Initials

\_\_\_\_\_  
Parent's Initials

4. Reimburse Bellarmine for all unrecoverable costs made on Student's behalf if Student withdraws from the program at any time;
5. Grant Bellarmine, its employees, agents and consortium partners full authority to act in an attempt to safeguard and preserve Student's health and safety during Student's participation in the program abroad, including authorizing routine or emergency medical treatment on Student's behalf and at Student's expense and returning Student to the United States at Student's expense;
6. Respect and abide by the law and customs of the host country, the University Code of Student Rights, Responsibilities, and Conduct, any rules and regulations for student conduct made or adopted pursuant to Paragraph A.5. above, and all other reasonable standards of conduct related to Student's education abroad program promoted by Bellarmine, its employees, agents, consortium partners, and partner institutions abroad;
7. Accept termination of participation in the program abroad with no refund of fees and take responsibility for transportation costs home if Student's conduct is determined to be detrimental to the best interests of the student, the program or Bellarmine, such a decision to be at the sole discretion of the Bellarmine program coordinator and/or the partner institution, with the concurrence of the Director of International Programs and/or other appropriate campus representative of the Bellarmine Office of International Programs. Student acknowledges and agrees that he/she may be required to leave the Program at the sole discretion of Bellarmine University's agents and representatives, and may be referred to the appropriate Bellarmine officials for further disciplinary or other action and that, in such circumstances, no refund will be made for any unused portion of the program.

#### Waiver, Release and Indemnification

Students are strongly encouraged to consult the State Department Consular Information Sheets and Travel Warnings at [http://travel.state.gov/travel\\_warnings.html](http://travel.state.gov/travel_warnings.html) and the Centers for Disease Control (CDC) at <http://www.cdc.gov> with regard to their destination country prior to their destination country prior to signing this Agreement.

Student states that his/her participation in this program or activity abroad is wholly voluntary.

Student states that s/he understands that certain risks are inherent in foreign travel and that s/he fully accepts those risks. These risks may include, but are not limited to, such things as war, quarantine, civil unrest, public health risks, criminal activity, terrorism, exposure to communicable diseases, ill effects of unfamiliar food and water, incidents related to ground, air or water transportation, adverse weather conditions, accident, injuries or damage to property, and other physical, mental, and emotional injury.

Student states that s/he fully understands the above risks and the scope of the activities involved in the program and that s/he agrees to assume the risks of the participation in the program, including the risk of catastrophic injury or death.

\_\_\_\_\_  
Student's Initials

\_\_\_\_\_  
Parent's Initials

Student states that, for and in consideration of acceptance in the program, Student and his/her heirs, successors, assigns, and personal representatives, agree to indemnify, hold harmless, release and forever discharge Bellarmine University, its Trustees, employees, agents, and cooperating institutions and their offices and agents from any and all claims and expenses, including reasonable attorney's fees, for any injury, loss, or damage to personal property, including catastrophic injury or death, related to the program abroad or suffered by Student (including those related to travel to and from the program site).

Student states that s/he agrees that information in the Student's University records, including disciplinary, academic and medical records, may be available to International Programs and cooperating institutions, with the understanding the information will be kept confidential to the extent proved by law.

#### Choice of Law

The interpretation and performance of the Agreement shall be construed in accordance with the laws of the State of Kentucky, and any litigation arising out of this Agreement shall be venued in the State of Kentucky and shall be governed by the laws of the State of Kentucky. Please initial the bottom of the first pages and sign below.

Student's  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Name  
(printed) \_\_\_\_\_ Program \_\_\_\_\_

This statement must be read and signed by a parent IF the applicant is a dependent student (if claimed as a dependent on either parent's tax return). The parent should sign below and initial appropriate portion of the first and second pages.

Check one:

I am an independent student, or

My parent's signature/initials are provided

I hereby give my son/daughter named above permission to participate in a Bellarmine University Study Abroad Program. I have read the statement above and agree to be jointly responsible for any financial obligation incurred by my son/daughter related to the program.

Parent's  
Signature \_\_\_\_\_ Date \_\_\_\_\_

# BELLARMINE UNIVERSITY

International Programs Office

Miles Hall 111-122

Louisville, KY 40205

(502) 452-8476



## BU Emergency Card & Emergency Contact Information

**Please place  
picture here.**

Student Name: \_\_\_\_\_

Present Student Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Student's Present Phone & Cell: \_\_\_\_\_

Study Location and Program: \_\_\_\_\_

Telephone Number Abroad: \_\_\_\_\_

Passport Number: \_\_\_\_\_

Health Insurance Provider Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

Insurance Telephone Number: \_\_\_\_\_

**In case of an emergency I give my permission for Bellarmine University to contact:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone & Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**Please list any medical conditions that we should be aware of**

Explain in detail, using a separate sheet if necessary. Failure to disclose these medical conditions may result in removal from the program. This is important for the IPO and the program coordinators to know for your health and well being while abroad. A doctor's letter releasing you to participate may be requested.

**Providing the following medical information for your BU Emergency Card is OPTIONAL but STRONGLY RECOMMENDED for your own personal safety.**

**Blood type:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_