

Assumption of Risk and Release Form for Off Campus Study

Loyola University Chicago
Office for International Programs
1032 W. Sheridan Road
Chicago, IL 60660



Phone: 773-508-3899
Fax: 773-508-7125

Name: _____ LUCID: _____

Program Location: _____ Length of Program: _____

Loyola University Chicago offers students the opportunity to enroll in overseas study programs, some operated by different educational institutions. Certain potential risks to personal health and safety are associated with international travel and residence in a foreign country. You should not participate in a study abroad program unless you understand and are willing to accept the associated risks. LUC cannot guarantee the health and safety of participants in a study abroad program or eliminate all risks from study abroad environments.

Please read, sign and return this form before your study abroad pre-departure orientation. Students who fail to return this form will not be allowed to participate in any programs offered through the Office for International Programs.

- ❖ Risks of Study Abroad- I understand that there are certain risks associated with international travel and residence in a foreign country and that Loyola University Chicago cannot control these risks. These risks may include exposure to potentially serious health and safety hazards such as: transportation accidents, storms, floods, earthquakes, and other natural disasters; infectious diseases, inadequate medical care, remote access to medical treatment; armed insurrections; and terrorist activities.
- ❖ Personal Conduct- I understand and agree to abide by any applicable rules and regulations of the study abroad program. LUC through its official representatives, including but not limited to, a Program Director, has the authority to establish rules of conduct necessary for the operation of the program during the entire period of the program, including free time. I acknowledge that I will be subject to any sanctions enforced by LUC or my program director if I am not in compliance with these rules and regulations.
- ❖ Local Laws and Customs- I agree to respect and adhere to the laws and customs of the host country or countries and understand that the intentional violation or disrespect for those laws and customs may result in my dismissal from the program. I also agree to learn and research the country of study in order to become familiar with its laws and customs. I will take responsibility to work with the local program director to become aware of health and safety concerns. Furthermore, I acknowledge that the violation of such laws and customs may have legal ramifications with consequences beyond the control of LUC representative and the U.S. Government.
- ❖ Insurance Coverage - I understand that as a Loyola student on a study abroad program, I am responsible for having medical insurance that covers me internationally for the duration of my program and that includes coverage for expenses related to sickness, injury, medical evacuation, accidental death and repatriation. I also assume responsibility for any limitations of my health insurance plan. (Students attending the Chile program,

Casa de la Solidaridad, Exchanges or Petitions programs *must* provide proof of international health insurance.)

- ❖ Academic Agreement – I have thoroughly read the terms included in the Loyola Academic Agreement for study abroad students and understand its contents.
- ❖ Orientation - I understand that I am required to attend all orientations and pre-departure meetings. It is my responsibility to make arrangements to attend these meetings.
- ❖ Post-Program Evaluation – I understand that I am required to complete and submit to the Office for International Programs a study abroad questionnaire for purposes of evaluating my program.
- ❖ Medical Treatment- I understand that all health and physical conditions must be described on the OIP Health information form. I agree to promptly express any health or safety concern to the program staff or other appropriate individuals. LUC may (but is not obligated to) take any actions it considers to be warranted under the circumstance regarding my health and safety. I agree to pay all expenses relating thereto and release the, University from any liability for any actions.
- ❖ Fees- I understand and recognize that there is an administrative Loyola fee for all study abroad programs. (The fees for yearlong and semester program Exchange, IES, USAC, SIT, and Petition programs is \$1000 and for summer programs \$500, Affiliate programs have a \$100 fee.)
- ❖ Program Changes- I understand that LUC reserves the right to make cancellations, substitutions, or changes in case of emergency or changed conditions or in the interest of the Program.
- ❖ Institutional Arrangements- I understand that LUC does not represent or act as an agent for, and cannot control the acts or omissions of, any host institution, host family, transportation carrier, hotel, tour organizer, or other provider of goods and services involved in the program.
- ❖ The Loyola Ethos Statement- I agree to read over the Ethos Statement and thoughtfully consider its dimensions. The statement may be found on the Loyola web site at http://www.luc.edu/romecenter/studenthandbook_community_ethos.shtml
- ❖ Assumption of Release and Release of Claims- In consideration of being allowed to enroll and participate in a study abroad program the undersigned hereby agrees to release, hold harmless and indemnify LUC, its board of Trustees, affiliates, officers, agents and employees from any and all claims arising out of or in any way connected with the study abroad program and the undersigned's participation in the program, including, but not limited to, the items outlined above.

_____ Loyola often receives inquiries from parents and guardians of study abroad students for financial information. Please checkmark this item if you agree to allow Loyola University Chicago's Office for International Programs staff to release information via phone, mail or e-mail to your parent(s) or guardian, upon their request, regarding your study abroad finances—including your program costs, deposit requirements, amounts to be billed and billing/payment procedures. If you agree, please specify names of your parent(s)/guardian(s) to whom such information may be provided: _____

Signature of Participant

Date