

Application to Travel Abroad

Application, FERPA Consent, Photocopy of Passport, and \$50.00 application fee DUE OCTOBER 17, 2017

Last Name

First Name

Student ID

BUCS Email

Cell Phone #

Date of Birth

**Travel Abroad
Program Destination**

Emergency Contact Information (It is recommended that you include a parent, guardian, or spouse.)

Contact Name

Contact Relationship

Contact Address

Contact Cell #

Contact Work #

Contact Email

Alternate Emergency Contact Information

Contact Name

Contact Relationship

Contact Address

Contact Cell #

Contact Work #

Contact Email

Academic Qualifications

Student Status

Current GPA

Are you currently under any academic or disciplinary action?

If yes to Academic/Disciplinary action, please explain.

Legal Qualifications

Do you hold a *current* United States Passport?

If yes to passport, please included the following information regarding your passport:

Name as it appears
on U.S. Passport

Expiration Date

Location Issued

Passport #

Have you ever been convicted of a felony or legally constrained from leaving the country? (Note: FSW reserves the right to conduct a background check to confirm your response).

If yes to felony/constraint, please explain.

Are you 18 years of age or older? If yes, please continue form below. If no, please contact Dropatee Seelochan, Coordinator of Study Abroad Programs, (239) 433-8029, Dropatee.Seelochan@fsw.edu.

Code of Conduct Agreement

Florida SouthWestern State College is committed to maintaining an environment that fosters learning and personal development. All members of the Florida SouthWestern State College community are responsible for their own behavior and are expected to be familiar with the rules and regulations of the College pertaining to academic affairs, social conduct, and student activities. Students are expected to uphold appropriate standards of behavior and to respect the rights of others

Each student, by registering, pledges to accept and abide by the rules and regulations of the College. Students are responsible for the observance of all policies and procedures as published in the College Catalog, the Student Handbook, Board of Trustees Policies, and other College documents. Students who fail to observe College regulations or to maintain acceptable standards or personal conduct are subject to disciplinary action.

Participant Initials: _____

Assumption of Risk, Release, and Indemnification

The Participant understands that there are certain dangers, hazards, and risks involved in international travel and in the activities included in the study abroad Program that could include serious or even mortal injuries, property damage, loss of liberty, and criminal prosecution. With knowledge of these dangers, hazards, and risks and in consideration of being permitted to participate in the study abroad Program and all associated activities, including, but not limited to, those described above, I, the Participant, on behalf of myself, my family, spouse, estate, heirs, executor, administrator and personal representative, agree to assume all the risks and responsibilities arising out of my participation in the Program, the transportation to and from the Foreign Country, and in any independent research or activities undertaken as an adjunct thereto. I release and hold harmless Florida SouthWestern State College, its Board of Trustees, officers, employees, agents, and interns ("Releasees") from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs, and expenses of any nature whatsoever which I may have or which may hereafter accrue to me, that may be sustained by me or any property belonging to me, even if caused by any negligence or carelessness of the Releasees.

I understand and agree that this assumption of the risk, release and indemnification agreement shall be in effect while (a) I am in or in transit to or from the Foreign Country where the Program or any adjunct to the Program occurs or is being conducted; (b) during any independent travel or activities undertaken by me; and (c) arising out of or relating to my participation in the Program.

It is my express intent that this release and hold harmless agreement shall bind the members of the my family and spouse, if I am alive, and my family, estate, heirs, administrators, personal representatives, or assigns, if I am deceased, and shall be deemed as a "Release," Waiver, Discharge, and Covenant not to sue the above-named "Releasees." I, the Participant and the Undersigned, agree to indemnify, defend and hold harmless Releasees from all liabilities, damages, losses, expenses, and attorneys fees arising out of any claim, cause of action, or demand made by any person or legal entity arising out of my travel to and from the Foreign Country, participation in the Academic Program, and independent travel, even if such claims, causes of action, and demands are based in whole or in part on any negligence of the Releasees.

In signing this Release, I, the Undersigned, acknowledge and represent that I have become fully informed of the content of this assumption of risks and hold harmless agreement by reading it before signing it, that I have been afforded ample time within which to consult with an advisor of my choice, and, by signing this document as my own free act and deed, confirm that no oral representations, statements, or inducements, apart from the foregoing written statement, have been made.

I, the Participant and Undersigned, execute this release for full, adequate, and complete consideration fully intending to be bound by the same.

THIS IS A RELEASE OF LEGAL RIGHTS. READ AND UNDERSTAND BEFORE SIGNING.

Participant Signature: _____

Assumption of Risk, Release, and Waiver of Liability for Participation in a Florida SouthWestern State College Study Abroad Program

THIS IS A LEGALLY BINDING AGREEMENT. PLEASE READ CAREFULLY BEFORE SIGNING.

In consideration for being permitted to participate in the study abroad program listed herein ("Program"), the Participant acknowledges and agrees to the following:

NOTICE TO PARTICIPANT

THIS IS A MULTI-PAGE AGREEMENT. READ THIS AGREEMENT COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF FSW COLLEGE AND ITS AFFILIATED OR RELATED ENTITIES, AND THE OFFICERS, TRUSTEES, EMPLOYEES, AGENTS, GROUP LEADERS, CONTRACTORS, SUB-CONTRACTORS, REPRESENTATIVES, SUCCESSORS, ASSIGNS, AND VOLUNTEERS OF EACH OF THE FOREGOING ENTITIES (COLLECTIVELY, THE "RELEASED PARTIES") USES REASONABLE CARE IN ARRANGING AND/OR PROVIDING THIS PROGRAM, THERE IS A CHANCE YOU MAY BE SERIOUSLY INJURED OR LOSE YOUR LIFE BY PARTICIPATING IN THIS PROGRAM BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE PROGRAM WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS AGREEMENT YOU ARE GIVING UP YOUR RIGHT TO RECOVER FROM THE DISTRICT BOARD OF TRUSTEES OF FSW COLLEGE, FLORIDA, AND ITS AFFILIATED OR RELATED ENTITIES, AND THE OFFICERS, TRUSTEES, DIRECTORS, EMPLOYEES, AGENTS, CONTRACTORS, SUB-CONTRACTORS, REPRESENTATIVES, SUCCESSORS, ASSIGNS, AND VOLUNTEERS OF EACH OF THE FOREGOING ENTITIES IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOU OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE PROGRAM. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND THE DISTRICT BOARD OF TRUSTEES OF FLORIDA STATE COLLEGE, FLORIDA, AND ITS AFFILIATED OR RELATED ENTITIES, AND THE OFFICERS, TRUSTEES, EMPLOYEES, AGENTS, CONTRACTORS, SUB-CONTRACTORS, REPRESENTATIVES, SUCCESSORS, ASSIGNS, AND VOLUNTEERS OF EACH OF THE FOREGOING ENTITIES HAS THE RIGHT TO REFUSE TO LET YOU PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

1. I understand and agree that there are hazards and risks inherent in international travel, including but not limited to: foreign political, social, and economic conditions which are different than the United States and which can change in an unpredictable manner; different standards of design, safety, and maintenance of buildings and public spaces; varying quality of available medical treatment; differing health, safety, legal, cultural, and religious beliefs and conditions, all of which could cause serious personal injury or loss of life to me and/or loss or damage to my property.

Participant Initials: _____

2. I am aware that participating in the Program involves risks of personal injury, property damage, and other risks. I freely and voluntarily agree to assume and take on full responsibility for any such risks of loss, property damage, or personal injury, including death that may be sustained by me as a result of the Program, whether caused by the negligence of the College or otherwise.

Participant Initials: _____

3. I understand that ground, water, and air transportation in other countries may not have the same safety standards as in the United States, and that I travel at my own risk. I voluntarily assume all risks involved with such travel, whether expected or unexpected. I hereby acknowledge that I have been warned of such risks and I have been advised to take appropriate action and to govern myself accordingly.

Participant Initials: _____

4. I have been advised that I must be covered by medical/trip insurance during the entire period of my participation in the study abroad program. I also agree that receiving any inoculations (if necessary) is my responsibility and will not hold the College liable for any adverse reactions as a result of taking the inoculations or illness abroad or at home due to not taking the inoculations. I understand that the medical/trip insurance offered by the College will not reimburse me for situations that involve inclement weather, including without limitation reimbursement for the purchase of additional airfare or accommodations.

Participant Initials: _____

5. I understand that from time to time the College may produce promotional material or other documentation with respect to the Program that may include statements by and/or photographs of me, and I consent to such use of my comments and photographic likeness.

Participant Initials: _____

6. In consideration of the College making the Program available to me and my being permitted to participate in the Program, I hereby agree to release, indemnify, hold harmless, covenant not to sue, and forever discharge the College, its trustees, officers, employees and agents, from any and all claims and causes of action which might be brought by me, my family, heirs, and personal representatives (s) on my behalf for loss of property, personal injury or death sustained by me arising in any manner out of or in any way connected with my participation in the Program. I understand that this Release covers liability, claims and actions caused entirely or in part by any acts or failures to act of the College (or its trustees, officers, employees and agents), including, but not limited to negligence, mistake or failure to supervise by the College.

Participant Initials: _____

7. This Agreement shall be governed by the laws of the State of Florida, and any legal action relating to or arising out of this Agreement shall be commenced exclusively in the Courts of Lee County, Florida, AND I SPECIFICALLY WAIVE THE RIGHT TO TRIAL BY JURY.

Participant Initials: _____

By signing below, I certify that: (1) I have fully and completely read and understand the content of this Assumption of Risk, Release & Waiver of Liability for Participation in a Study Abroad Program Agreement; (2) I am 18 years of age or older; and (3) I consent and agree to all of the foregoing. I fully understand the risks and dangers associated with my participation in the Program and all related activities and I accept them entirely at my own risk. I agree to assume all risk for any personal injury, loss of life, property loss, or other damage and with respect to my participation in the Program, conduct myself at all times in accordance with this Agreement and applicable College policies and procedures. I further acknowledge that this document is a release of legal rights and that I sign it knowingly and voluntarily.

Participant Initials: _____

By signing this Assumption of Risk, Release, and Waiver of Liability, the Participant expressly acknowledges that any responsibility that may exist on the part of FSW to supervise, direct, observe, or otherwise account for Participant, to the extent such responsibility exists, ends immediately upon separation from the Program group and thereafter shall never be restored. The Participant specifically releases and holds FSW harmless for any damage or injury whatsoever that may occur including, but not limited to, personal injury and loss of life. In no circumstance shall FSW bear any responsibility or liability for any accommodations, transportation, sightseeing, leisure, or other activities undertaken by Participant. This includes, but is not limited to, any return travel to the United States, even if the ticket for such return travel was purchased as part of the FSW Program. The Participant acknowledges that such action may result in expulsion from the College.

Participant Signature: _____

Photo/Video Release

I hereby grant permission to Florida SouthWestern State College to use photographs, video and audio recordings of me for use in College publications, including web sites or other electronic forms or media. Such use to include, but is not limited to: commercial and noncommercial publication, display, advertising, editorial illustration, web use, broadcast, etc. I hereby waive any right to inspect or approve the photographs, publications, or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown. I hereby agree to release and hold harmless Florida SouthWestern State College from and against any claims, damages or liability arising from or related to the use of the photographs or other media, including but not limited to any re-use, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced in production of the finished product. It is the discretion of Florida SouthWestern State College to decide whether to use the media. I am 18 years of age and I am competent to contract in my own name. I have read this release before signing, and I fully understand the contents, meaning and impact of this release.

Participant Signature: _____

Date: _____

In the space below, please write a brief essay (500 words maximum) describing why you are interested in taking the course and participating in the travel abroad experience. What do you hope to learn from the course and the trip? What will you do to ensure you meet your learning goals? This essay will be reviewed by the professor of the course.

Forms 1 and 2 must be completed and submitted by October 17, 2017. The insurance forms (Item 3) will be requested if your application is approved.

Email forms to: InternationalEd@fsw.edu Or deliver by hand to Center for International Education, Building K, Room 240, Thomas Edison (Lee) Campus

1. FERPA CONSENT -DUE October 17, 2017
2. PHOTOCOPY of PASSPORT-DUE October 17, 2017
3. PHYSICIAN'S STATEMENT- DUE November 28, 2017
4. PURCHASED INSURANCE Arthur Gallagher-DUE November 28, 2017 RECEIPT VERIFICATION LETTER
INSURANCE CARD

On the following page: <https://www.fsw.edu/internationaleducation/travelabroad>