

Student Participation Contract

Stevenson University – May Term 2014

Program: BSOBL European Study Tour (INBUS-325, IS-260, IS-475)
Location: London UK (5 nights), Prague CZ (5 nights), Munich DE (6 nights)
Dates of Travel: May 16, 2014 – June 2, 2014 (16 nights in hotels)
Program Leader: Dr. Lawrence Burgee, Associate Professor
Program Leader: Prof. Sidas Saulynas, Instructor

Note: The BSOBL European Study Tour is referred to as the BEST Program below.

I, (print full name) _____, hereby acknowledge receipt of the following documents within a reasonable amount of time before the scheduled departure:

- Handbook and Student Code of Conduct for International Travel Experiences
- List of important dates and deadlines (Syllabus & Schedule Summary)
- Health insurance requirements information (via eMail and Internet)

Please read and initial the following:

_____ I acknowledge that I have read and understand all aspects of the *Handbook and Student Code of Conduct for International Travel Experiences* (referred to below as the Handbook).

_____ I fully understand that inappropriate behavior on my part (as explained in the Handbook) at any point during the BEST Program will be met with consequences from the BEST Program Leader(s) and Stevenson University, and could include dismissal from the experience and immediate return to the United States at my own expense.

_____ I fully understand that I will be held accountable for my actions at all times during participation in the BEST Program, including during travel, lodging, time at the host university (if applicable), cultural events, and organizational visits.

_____ I have received the syllabus and schedule information and am aware of all important dates and deadlines pertaining to the BEST Program. I am aware that I must have all payments and required information turned in by the assigned deadline in order to participate.

_____ I have received information regarding travel accommodations - specific airline and airport, name of hotel or lodging facilities, modes of transportation at the destination, etc.

_____ I understand that there may be baggage restrictions (including but not limited to amount of baggage and baggage weight) established by the BEST Program Leader(s), travel agency, and/or airline(s), and I agree to adhere to these restrictions.

_____ I understand and accept that all payments for the BEST Program are non-refundable.

_____ I agreed to provide the BEST Program Leader(s) proof of valid health insurance no later than one week before the scheduled departure date (copy of insurance card, policy information/statement, etc.). This information will be held in confidence.

_____ I agreed to provide the BEST Program Leader(s) a copy of the photo and information page on my valid passport, at least 30 days before departure. This information will be held in confidence.

_____ I hereby agree to respect and follow the established itinerary and guidelines at all times during the BEST Program. I will attend and participate in all BEST Program activities and events, unless an absence is approved in advanced by the BEST Program Leader(s). I understand that my failure to respect and/or follow the itinerary and guidelines will result in disciplinary action during and possibly upon return from the experience.

_____ I hereby acknowledge the authority of the above stated BEST Program Leader(s) at all times during the BEST Program and during any related travel.

_____ I hereby acknowledge that it is solely my responsibility to inform my family, as I see fit, of all information disclosed in this contract and any other information I receive regarding any aspect of my participation in the BEST Program.

I, (print full name) _____, hereby acknowledge that I have carefully inspected all elements of this contract and recognize that upon completion, this contract will be kept on file with the above stated BEST Program Leader(s) and the Study Abroad Administrator. Should I fail to recognize and/or uphold any element of this contract, I understand that my continued participation in the BEST Program will come under the consideration of the BEST Program Leader(s) and Stevenson University. I understand that the BEST Program Leader(s) and/or Stevenson University reserve the right to withdraw me from the BEST Program at any time if I am in violation of this contract.

Signature of student/participant

Date

Signature of Program Leader

Date

Signature of Program Leader

Date