

STEP 3: STUDY TRIP ENROLLMENT VERIFICATION

Please read and complete the form below.

My Information

Name: _____ **SAIC ID:** _____
SAIC E-mail: _____ **Phone:** _____

Program/s Information

Trip Name: _____
Trip Term: _____

Waiver, Release and Indemnification Form**INFORMED, VOLUNTARY DECISION:**

I, _____, have made an informed decision to participate in a trip in _____ through the School of the Art Institute of Chicago's Study Abroad Program ("Program"). I acknowledge that my participation is voluntary and is not required as part of my academic program at the School of the Art Institute of Chicago ("SAIC").

* I have read and agree to the terms above.

PROGRAM DESCRIPTION & RESPONSIBILITY FOR PREPARATION:

I assume responsibility for all the elements necessary for my personal and academic preparation for the Program and understand that I am required to have participated fully in the preparation meetings. I have provided full and complete answers in connection with the entire registration process. I understand and accept all Program details including requirements and costs described in Program materials, written and verbal communications from the faculty leader/s and orientation meetings. I agree that if I cancel my participation in the Program I must appeal for, but may not be entitled to, a refund.

* I have read and agree to the terms above.

ACADEMIC EXPECTATIONS:

I understand that failure to complete the entire Program and/or any assignments, classes, lectures and activities before, during and after the Program could result in a "No Credit". I also understand that inadequate academic participation may be considered grounds for termination from the Program at the sole discretion of the faculty and that I will be responsible for any additional expenses resulting from such termination. In addition, I acknowledge that I will not be permitted to participate in the Program and will not be entitled to a refund of Program fees if I am placed on academic or disciplinary probation or receive disciplinary sanctions at any time prior to the start of the Program.

* I have read and agree to the terms above.

ACCEPTANCE OF CONDITIONS:

I understand that living conditions at the Program location may not meet the standards to which I am accustomed.

* I have read and agree to the terms above.

ACKNOWLEDGEMENT AND ASSUMPTION OF RISK:

I acknowledge that traveling to and residing in a foreign country involves risks such as accidents or illness, disease, poor sanitation, inadequate medical care and facilities, terrorism, accidents, crime, the hazards of travel by air, train, boat, and motor vehicle, natural disasters, and hazards arising from a wide variety of events and circumstances which cannot be enumerated. I should consult the Centers for Disease Control (www.cdc.gov/travel) and U.S. State Department (www.travel.state.gov) for all areas I plan to travel. I hereby personally assume all risks, whether foreseen or unforeseen, arising out of or in connection with my participation in the Program, for any harm, injury or damage that may befall me while traveling to and from the Program location and/or participating in any activities connected with the Program. I also understand that my baggage and personal property are my responsibility entirely throughout the Program and any travel incident thereto.

* I have read and agree to the terms above.

HEALTH:

I verify that I have no health-related conditions or problems that preclude me from participating in the Program. I acknowledge that certain immunizations may be recommended, and that I am responsible for obtaining all necessary immunizations. I accept responsibility for educating and informing myself and discussing with my health care provider any diseases, illnesses, and other health concerns that may result from traveling abroad. I understand that additional information on health matters can be obtained from the Centers for Disease Control (www.cdc.gov/travel) and/or the U.S. Department of State (www.travel.state.gov).

[Centers for Disease Control](http://www.cdc.gov/travel) [US Department of State](http://www.travel.state.gov)

* I have read and agree to the terms above.

I agree that SAIC may, but is not obligated to, take any action it considers to be warranted under the circumstances regarding my health and safety during the Program. I authorize SAIC to take any such action, including, but not limited to, admitting me to a hospital, consenting to the administration of anesthetics, the transfusion of blood and blood products, and surgery, and arranging for my medical evacuation. I agree to be fully responsible for any and all expenses, including transportation costs and medical expenses, associated with such actions, and I hereby release and discharge SAIC from any liability or responsibility for any injury, damage or expenses that might arise out of or in connection with such actions.

* I have read and agree to the terms above.

INSURANCE REQUIREMENTS:

I understand and accept that I will maintain SAIC Health Insurance or alternative insurance coverage that includes coverage for both emergency and non-emergency care, emergency medical evacuation, and other travel services that meets or exceeds the SAIC Program characteristics prior to departure. I acknowledge that the SAIC medical insurance plan may require me to pay cash for medical care and to seek reimbursement from the insurance carrier afterward.

* I have read and agree to the terms above.

PERSONAL CONDUCT:

I agree to adhere to and be bound by the SAIC regulations and procedures as set forth in the Student Handbook including but not limited to the Rules of Student Conduct. I also agree to adhere to and be bound by all policies and procedures specific to SAIC Study Abroad programs, including but not limited to the Study Abroad Alcohol & Drug Policies. If SAIC contracts with a third party agency to conduct the Program (in whole or in part), then, in addition to the foregoing, I also agree to adhere to and be bound by the rules of conduct established by such third party agency.

[Study Abroad Alcohol & Drug Policies](#)

* I have read and agree to the terms above.

I accept full responsibility for the effect that my conduct may have on the other participants, hosts, and me and I agree to conform to standards of conduct consistent with the maintenance of the reputation of SAIC.

* I have read and agree to the terms above.

I understand and agree that SAIC cannot monitor or control all of the daily personal decisions, choices, and activities of individual Program participants and that I am personally responsible for my own actions. I will exercise reasonable care for my own safety on the Program and throughout my participation. I understand that I am also responsible for complying with the terms of participation and emergency procedures of the Program and for obeying host country laws while not necessarily enjoying the same privileges as the host country nationals.

* I have read and agree to the terms above.

TERMINATION:

I understand that, at the sole discretion of the trip leader, I may be dismissed from the Program and may, therefore, have to return early at my own additional expense, without credit earned and without refund of tuition or other costs, if I engage in any conduct that violates the SAIC Rules of Conduct, any SAIC Study Abroad Policies or, if applicable, the code of conduct of the third party agency conducting the Program or if I engage in any of the following conduct (i) excessive absences from class, (ii) failure to participate in field trips or other Program activities, (iii) failure to complete assignments, (iv) obstruction or disruption of teaching or other aspects of the Program, (v) use of or involvement with illegal drugs or the abuse of any drugs, (vi) abuse of alcohol, (vii) unwillingness to cooperate with SAIC or host representatives, or (viii) violation of the law of the host country. I understand that my dismissal from the Program may be in addition to other sanctions imposed upon me pursuant to SAIC policies and procedures.

* I have read and agree to the terms above.

CHANGES IN PROGRAM:

I agree that SAIC and its employees or agents have the right to cancel or change any element of the Program as circumstances require including but not limited to the right to change the faculty, the facilities, and the excursions. I understand that SAIC cannot and will not be responsible for additional travel costs or expenses that may result from airline schedule changes, delayed or changed arrival or departure times, flight cancellations, natural disasters, crime, weather, illness, or other unforeseen events. I am responsible for all costs and expenses associated with my participation in the Program, including these unexpected or unforeseen costs.

* I have read and agree to the terms above.

LIMITATION OF CONTROL:

I understand that SAIC cannot be responsible for the actions of persons not employed by SAIC, for events that are not part of the Program, or that are beyond the control of SAIC, or for situations that may arise due to failure of a participant to disclose pertinent information.

* I have read and agree to the terms above.

AUTHORIZATION TO USE IMAGE, VOICE:

I give SAIC permission to reproduce and use for educational or promotional purposes any and all photographs, videos, movies, or sound recordings taken of me during my participation in the Program.

* I have read and agree to the terms above.

DISCLOSURE TO AND NOTIFICATION OF FAMILY:

I hereby agree and consent that SAIC may, in its sole discretion, disclose to my parent(s), guardian(s), legal partner or spouse of record any incident, event or matter arising out of or relating to my participation in the Program including, but not limited to, voluntary or involuntary withdrawal, serious illness, injury and/or hospitalization, arrest, evacuation or other such matters. This authorization supersedes any prior written request for confidentiality I may have filed with SAIC.

* I have read and agree to the terms above.

Emergency Contact

* **Name:** _____
* **Address:** _____
* **City:** _____ **State:** _____
* **Country:** _____
* **Daytime Phone:** _____ *** Evening Phone:** _____
Email: _____ *** Relationship:** _____

GOVERNING LAW:

I agree that this Agreement will be construed in accordance with the laws of the State of Illinois and that Cook County will be the forum for any legal dispute concerning my participation in the Program.

* I have read and agree to the terms above.

RELEASE OF CLAIMS:

I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby RELEASE and FOREVER DISCHARGE SAIC, its employees, agents, officers, trustees, contractors and representatives (in their official and individual capacities) from any and all liability whatsoever for any and all damages, losses or injuries (including death) I sustain to my person or property or both, including but not limited to any claims, demands, actions, causes of action, judgments, damages, expenses and costs, including attorneys fees, which arise out of, result from, occur during or are connected in any manner with my participation in the Program, any related or independent travel, and any activities, excursions, side trips or field trips in which I participate during the Program, irrespective of whether or not they are sponsored, supervised or controlled by SAIC in any manner.

* I have read and agree to the terms above.

INDEMNIFICATION AND HOLD HARMLESS:

I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby agree to INDEMNIFY, DEFEND and HOLD HARMLESS SAIC, its employees, agents, officers, trustees, contractors, trustees and representatives (in their official and individual capacities) from any and all liability, loss, damage or expense, including attorneys fees, that arise out of, occur during, or are in any way connected with or related to my participation in the Program, any related or independent travel, and any activities, excursions, events or field trips in which I participate during the Program, irrespective of whether or not they are sponsored, supervised or controlled by SAIC in any manner.

* I have read and agree to the terms above.

I have carefully read and understand everything written above, and I voluntarily sign this Waiver, Release and Indemnification Form. No representation, statements or inducements, oral or written, apart from the foregoing statement, have been made. I am at least 18 years of age and legally competent to sign this document.

* I have read and agree to the terms above.

* By typing in my name in the field below I agree that my typed signature has the same force and effect as my hand-written signature.

Type in your primary name:

I, _____, agree to the terms of this Waiver, Release and Indemnification Form.

STUDY TRIP DEPOSIT:

After you successfully register, you must pay a nonrefundable deposit of \$525 (or \$250 for most domestic trips) within 24 hours in order to secure your place. Payment can be made by credit card (Visa, Discover, American Express, or MasterCard) or by electronic check (ACH) via the CASHNet link in the My Account section of Self-Service. You may also pay by paper check or money order in U.S. currency at :

SAIC Bursar's Office
Sharp Building, 37 S. Wabash Ave., room 706E

Student Financial Services office
Sullivan Center, 36 S. Wabash Ave., room 1218

Cash deposits are discouraged.

[CASHNet - Payments, set up Authorized Users](#)