

## STEP 1: PREPARING FOR REGISTRATION

### How do I register for an SAIC Study Trip?

Registration for all study trips takes place online. After completing this pre-registration, follow the steps below to register for a study trip. Completing this pre-registration does not register you for or commit you to a trip.

1. Clear any financial holds, if applicable.
2. At your assigned time, log-in to SAIC Self-Service and register for your chosen trip.
3. If the trip is full, add your name to the waiting list.
4. Pay program deposit within 36 hours to secure your place



### Can I drop the study trip if I change my mind?

No. There is no Add/Drop Period for study trips. The deposit is non-refundable; students wishing to withdraw from a trip must appeal to the Academic and Refund Review Boards.

## Cancellation Agreement

- \*  I understand I must pay the required deposit at registration and that this deposit will not be refunded if I subsequently cancel my participation. I understand that there is no Add/Drop period for study trips.
- \*  If I seek a refund of the balance of the tuition and program fees, any requests for refunds will be determined through appeal to the Refund Review Board. I understand that penalties up to 100% of tuition and program fees may be incurred depending on; the reason for cancellation; lateness of cancellation; the expenses which have been incurred on my behalf; and any additional costs to the trip as a result of my non-participation (ie. if a replacement cannot be found for my place in a shared accommodation).
- \*  I agree that SAIC and its employees or partners 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 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.
- \*  Should SAIC cancel the study trip, SAIC will refund the deposit or apply it to any outstanding balance on my account. I understand, however, that if I choose or am required to arrange my own air travel and SAIC cancels the study trip, SAIC is not responsible for paying any penalty I may incur with respect to cancelled air reservations.
- \*  I agree that this Cancellation Agreement is to be construed and governed under the laws of the State of Illinois, U.S.A. without reference to its choice of law rules; and that if any portion hereof is held invalid, the balance hereof shall, notwithstanding, continue in full legal force and effect.
- \*  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 Cancellation Agreement.



This Cancellation Agreement will only be effective if you proceed to the Step 2 and actually register for a Study Trip. No financial penalty will apply unless you register by going on to Step 2.

CONTINUE

### STEP 3: STUDY ABROAD/INTERNATIONAL TRAVEL HEALTH DISCLOSURE FORM

My Information	
<b>Name:</b>	<b>SAIC ID:</b>
<b>SAIC E-mail:</b>	<b>Phone:</b>

Program/s Information	
<b>Trip Name:</b>	
<b>Trip Term:</b>	
<b>Trip Name:</b>	
<b>Trip Term:</b>	



The purpose of this form is to help the Study Abroad Office (SA) and your faculty leaders be of maximum assistance to you should the need arise during your study trip experience. Mild physical or psychological disorders can become serious under the stresses of life while traveling due to local conditions (pollution, new pollens, climate, etc.), cultural adjustment, differences in medical practices, changes in diet and exercise, etc. The information provided will remain private and will be shared with program staff, faculty or appropriate professionals only if pertinent to your own well-being. SA may not be able to accommodate all individual needs or circumstances. This information does not affect your admission to the program.

### Medical History

**Yes**    **No** Are you generally in good physical condition? (If no, please explain)

**Yes**    **No** Do you have a physical condition which might cause hardship through change of diet, change of climate, carrying your own luggage, or strenuous travel? (If yes, please explain)

**Yes**    **No** Do you have any allergies to food, medicines, other? (If yes, please explain)

**Yes**    **No** Have you had any major injuries, diseases or ailments in the past five years? (If yes, please explain)

**When was the date of your last:**

**Complete physical exam\***  (mm/yy)

**Tetanus shot\*\***  (mm/yy)

**\*If longer than 2 years, it is recommended you complete one before departure. \*\*If longer than 10 years, it is recommended you have one before departure.**

**Yes**    **No** Have you been evaluated by a psychiatrist or mental health professional in the last two years? (If yes, indicate when and for what reason)

**Yes**    **No** Are you taking any medications? (If yes, indicate which ones)

**Yes**    **No** Is there any additional information, specifically regarding your physical and/or mental health, that would be helpful for Study Abroad to be aware of during your study trip? (If yes, please explain)

**Yes**    **No** I have aspects of my health or a need for an accommodation that I would like to discuss with someone in the Wellness Center (Health Services, Counseling Services, or Disability Resources and the Learning Center) prior to my departure. (If yes, please explain)

## Health Disclosure Agreement

Please read and indicate your agreement to the following by checking the boxes below. Based on your responses a staff member from the Wellness Center may connect with you as appropriate to discuss your trip plans.

- \*  I understand that in the event I do have health conditions which are treated by a health care provider, I am solely responsible to inform him/her of my decision to participate in a study trip in order to adequately discuss whether my participation will have any impact or impose any serious health risks on those conditions.
- \*  I understand that it is my responsibility to carefully evaluate possible health and sanitation conditions in my study trip location and discuss the impact of those conditions on my health with my health care provider. These may be obtained from the Centers for Disease Control, the US Department of State and other sources.  
[Centers for Disease Control](#)      [US Department of State](#)
- \*  I take responsibility for the consequences of not following CDC or program immunization, vaccination or prophylaxis recommendations.
- \*  I certify that all responses made on this Health Disclosure form are true and accurate, and I will notify the Study Abroad Office hereafter of any relevant changes in my health that occur prior to the start of the program.
- \*  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 Health Disclosure Agreement.

Submission Date:



If you would like to save your form to complete at a later date, please use the "Save for Later" button. Once you have completed all three forms (My Info, Health Disclosure and Legal Waiver) please verify your data is correct before submitting as it will not be editable after submission. To complete your forms use the "Submit to Study Abroad" button at the bottom of the Legal Waiver tab. All \*required fields on all forms must be checked or answered.

SAVE FOR LATER

RETURN TO STUDENT CENTER

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Last Update Date/Time

by

If you experiencing any technical difficulties please contact [studyabroad@saic.edu](mailto:studyabroad@saic.edu)

### 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:	
Trip Name:	
Trip Term:	

### Waiver, Release and Indemnification Form

**INFORMED, VOLUNTARY DECISION:**

I, \_\_\_\_\_ have made an informed decision to participate in a trip in Prague & Vienna and Switzerland: ArtBasel 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.

\*  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](http://www.cdc.gov/travel)) and U.S. State Department ([www.travel.state.gov](http://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](http://www.cdc.gov/travel)) and/or the U.S. Department of State ([www.travel.state.gov](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 Trip 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.

- \*  **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, 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:   
\* E-mail:  \* 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, 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.

Submission Date:



If you would like to save your form to complete at a later date, please use the "Save for Later" button. Once you have completed all three forms (My Info, Health Disclosure and Legal Waiver) please verify your data is correct before submitting as it will not be editable after submission. To complete your forms use the "Submit to Study Abroad" button at the bottom of the Legal Waiver tab. All \*required fields on all forms must be checked or answered.

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I'M DONE, SUBMIT TO STUDY ABROAD

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