

East Carolina University
Conditions of Participation
Summer Study Abroad Program

I, the undersigned _____ (name of student/participant) have applied to participate in the _____ Program, a study abroad program sponsored by East Carolina University.

The program takes place in _____. The curriculum combines classroom study with out-of-classroom learning in the form of assignments, projects, and field trips.

I understand that summer study abroad is not required, is voluntary, and is a privilege. I further understand that any file regarding me maintained by the East Carolina University Office of Student Conflict Resolution will be requested by the Summer Study Abroad office to be fully reviewed by the Summer Study Abroad Program. As a result of that review, I understand that my participation in the program is at the University's sole discretion. If accepted in this program, I understand that I may have the opportunity to gain academic credit through participation in the program and agree to the following conditions:

Personal Conduct. I understand that East Carolina University 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, and I hereby agree to abide by all such rules of conduct. Specifically, I understand that the use of illegal drugs during the entire period of the program, including free time, is strictly prohibited. Should the faculty director decide that I must be separated from the program because of violation of stated rules, for disruptive behavior, or for any conduct that might bring the program into disrepute or its participants into legal jeopardy, that decision will be final. I understand that separation from the program will result in the loss of all academic credit and will be at the participant's expense.

Medical Treatment. I have fully described any health and physical problems I may have. In the event of illness or injury to me, I authorize any member of the East Carolina University program faculty to secure medical treatment on my behalf, including surgery and the administration of anesthetics.

Responsibility During Free Time. I understand that during free time within the period of the program and after the period of the program, I may elect to travel independently at my own expense. I agree to inform the faculty director of my travel plans and understand that neither the faculty director nor East Carolina University nor its staff are responsible for me while I am traveling independently during such free time.

Theft and Other Crimes. I understand I may sometimes be traveling in areas having higher than average rates of crime, especially theft of property, and I agree to follow the faculty director's stated recommendations regarding avoidance of theft. I agree to release East Carolina University and its staff from any liability for damage to or loss of my possessions, injury, illness, or death arising out of crimes during the period of the program on the part of the fellow students, host family members, agencies and organizations, or carriers.

Political Unrest. I recognize that in cases of political unrest, the faculty director will take all practical measures for the protection of program participants. I understand that East Carolina University and its staff assume no responsibility for damage to or loss of property, injury, or death arising out of political unrest.

I, the undersigned, understand and accept each of the above conditions.

Signature

Date

Signature of Parent/Guardian (if participant is under 18)

Date