Global Education Office  
Short Term Global Programs Pre-Departure Guide

Please thoroughly read through the following pre-departure guide and fill out and submit all required documents. In accordance with FERPA, (Family Education Rights and Privacy Act), we do not speak with parents about a participant’s study abroad program.

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Pre-Departure Requirements

- Read the PSU Pre-Departure Guide
- Form: Agreement of Study Abroad Requirements
- Form: Basic Data & Emergency Contact Information
- Submit a clear copy of your passport
- Medical Evaluation completed by your Physician’s office
- Form: Authorization for Release of Medical Records
- Form: Self Report on Health
- Form: Release & Waiver of Liability
PARTICIPANT RIGHTS & RESPONSIBILITIES

The Global Education Office at Plymouth State University provides participants with the opportunity to engage in cross-cultural learning experiences that are not available within the United States.

The Global Education Office wishes to reaffirm rights and responsibilities in relation to participation in a global short term program. The following statement is issued in accordance with University policy and after consultation with appropriate University officers: As with all academic programs the participant is responsible for learning the content of a course of study according to the standards of performance established by the faculty. In turn, the participant has the right to course evaluation that represents the instructor’s good faith judgment of the participant’s performance in that course.

For individuals participating in programs authorized by Plymouth State University, we reserve the right to expel an individual from a program if the individual’s conduct violates the law of a host country, city, and host institution or otherwise, in the estimation of the program Leader does damage to the program or to Plymouth State University. In such instances, participants will be entitled to the same guarantees of due process established on campus.

Participants are expected to:
- Be responsible for all information contained in the pre-departure orientation.
- Attend all orientation meetings and/or appointments.
- Pay on time all fees and personal expenses incurred with your program.
- Arrange for and complete all academic work within the allotted time.
- Participate in any travel, sightseeing and individual contact with citizens of the host country without allowing these activities to interfere with the successful completion of the academic program.
- Respect the reasonable wishes of hosts when living in a private home.
- Obey laws, police regulations and practices of the host country.
- Arrive and depart at the prearranged program accommodations per specified dates and times.

TRAVEL DOCUMENTS

Passport
Your passport is an official government document proving your citizenship. You are required to show your passport when entering and departing a country. Passports may be required by banks to cash traveler’s checks or by hotels and other private organizations requiring some form of identification for their services. Passports generally are valid for ten years.

Apply for your passport as soon as possible if you have not already done so. Your passport must be valid for the full duration of your stay abroad and six months beyond your departure date. If it is due to expire within this period, you must renew your passport. Passport renewals can be done by mail. Many foreign consulates will not issue a visa if your passport is due to expire within six months of your application. It can take six to eight weeks to process a passport and it costs around $150 depending upon how quickly it is needed. Complete information is available on the U.S. State Department website: http://travel.state.gov/passport_services.html, for more information, or visit: www.usps.gov to download a passport application form DS-11.
Your passport photos must meet certain specifications – you cannot use just a small headshot. Check the State Department website for exact specifications although photo shops advertising passport photos will be in compliance. Digital photos are accepted but you must follow the specifications. You can have your passport photos taken at the Global Education Office.

As soon as you receive your passport, sign it and fill in the information on the inside cover. **Your passport is not valid without your signature.** Do not allow anyone else to use your passport or alter it in any way. Your passport is a valuable document for which you are responsible. It is strongly suggested you make multiple paper copies of your passport. It is also advised to scan your passport and email it to yourself. Take one with you (always carrying it in a separate place from your actual passport) and **leave a copy with the Global Education Office.**

If you do lose your passport while abroad, immediately notify your program Leader. Your Leader will carry a copy of all program participant passports and the PSU Global Education Office will also keep a copy of your passport on file. You will need to correspond with local authorities and the American consulate. After an identification investigation, the consulate will usually issue you a three-month temporary passport. The best advice is vigilance and taking every precaution not to lose this valuable document. Never pack your passport in your luggage. When traveling from country to country, keep your passport with you at all times, preferably in a special document pouch designed for this purpose under your clothing. Once you are settled you will want to locate a safe place to keep your passport.

**Visas**

Many governments require a visa for entry into their country. A visa is an official/legal permission to enter a country for a stated purpose and a specified time granted by the government of that country. To research visa requirements of your host country, look on: [http://travel.state.govforeignentryreqs.html](http://travel.state.govforeignentryreqs.html). If you are an international student, it is likely the rules will be different than US citizens. Look on the country embassy’s website to find out the visa requirements for entry at least three months in advance.

**HEALTH AND SAFETY PRECAUTIONS**

**Health Procedures and Precautions**

As a requirement of your pre-departure orientation you must read the State Department pages ([www.travel.state.gov](http://www.travel.state.gov)) for your country of destination. Additionally, health information on your host country is available on the Center for Disease Control website ([www.cdc.gov](http://www.cdc.gov)) and offers information regarding necessary or suggested immunizations for your host country. Generally, your family physician is not well equipped to provide travel information on immunizations and other health precautions for various countries. Travel medicine is now a unique specialty and a travel medical specialist is trained to consider your health history, current medications, drug allergies, and travel plans when recommending shots and other medications. Because travel clinics often book far in advance (especially around the holidays), you should find a travel clinic and make your appointment as soon as possible so that you can get a scheduled appointment in time to complete any required immunizations. Beware that some immunizations need to be started months in advance of your departure.
The International Society of Travel Medicine (ISTM) provides a listing of its member clinics by state. For more information about ISTM or a listing of clinics and doctors in your area, contact: International Society of Travel Medicine: http://www.istm.org/

Prescriptions
You should bring enough of any prescription medication and vitamins that you are currently taking to last throughout your international trip. For each prescription, you should carry a letter from your physician stating that you are required to take the medication under medical supervision or take a photocopy of the written prescription. If you will need to have a prescription refilled while away, have your physician check dosage levels which vary from country to country. Insulin, for example, comes in very different dosage strengths and your physician may want to research this before prescribing refill prescriptions. If the medication is a controlled substance, you may need to notify officials at the US Embassy in your host country as well as the consulate officials of your host country. All medication should be stored in the original containers with the identification label attached. Carry enough to last a week or two with you in your carry-on luggage in case your checked luggage is delayed or lost. We also suggest you learn the generic name of your medication in case you need to purchase more in your host country. If you have allergies – especially to dust, mold or pollens – plan ahead and take any medication that you might need.

As with other prescriptions, if you wear glasses or contacts you should bring a spare and/or a prescription (written out very clearly). In many countries of the world, glasses are easily replaced if you have a prescription and, in fact, one-hour optical centers are quite common around the world.

Health Issues and Illness While Out of the Country
Eat and drink lightly for several days after your arrival until your system has a chance to adjust to the new climate and food. Adjusting to a new diet and water source can often cause mild intestinal upsets or diarrhea. Depending upon the country where you are traveling, you should bring along non-prescription medication such as Imodium for digestive illnesses. You should also check on other health issues, such as whether it is safe to drink the local water and ask your doctor about preventative medication for the common illnesses that can result. Be careful of treating yourself. If you are very ill, see a doctor. You should understand the health conditions in your host country before you leave and obtain information about appropriate precautionary measures. A couple of tips are especially important no matter where you will be traveling:

- If you have a medical condition that is not easily identified (diabetes, epilepsy, severe allergies), you should wear a Medical Alert bracelet while you are traveling. You would also inform your Leader and the Global Education Office on all your medical forms so that everyone may be prepared in case of an emergency. If you have a medical condition that might be aggravated (asthma), consider carefully how you will deal with that problem and discuss it with your physician before you leave home.
- AIDS is major concern in some program locations. While abroad, avoid injections and blood transfusions. If an injection is required, ensure that the syringe comes directly from a sealed package or has been sterilized. Diabetics are encouraged to bring a sufficient supply of needles and syringes with a prescription or doctor’s authorization. Avoid ear piercing and tattooing if AIDS is a concern in your host area.

Safety Precautions
When traveling overseas, there are a number of precautions that you should follow in order to travel safely. You should also consult the US State Department Travel advisories that we continually refer to throughout this pre-departure briefing. Travel advisories are available by country at: http://travel.state.gov/travel_warnings.html. Please register your trip with the US State Department: https://travelregistration.state.gov/ibrs/ui/
Emergencies
In the event of political, social or natural emergencies, the Global Education Office will be in close contact with your program leader, as well as in-country staff.

US Consulates, Embassies and the CDC
The US State Department’s Bureau of Consular Affairs in Washington, DC aids Americans in need of emergency assistance. They are in contact with their consulates and embassies overseas and can assist friends and family members with a number of different kinds of emergencies. During a crisis, the State Department will try to locate an American overseas if needed. In order to expedite the embassy locating you, please register your trip with the US State Department, at this link: https://travelregistration.state.gov/ibrs/ui/ In case of injury overseas, the Bureau of Consular Affairs can assist families when sending funds to the injured American and collect any necessary health information to forward to the in-country embassy or consulate. In the case of evacuation, the embassy or consulate overseas will try to establish special air flights and ground transportation to help Americans depart. If destitute, Americans can turn to a US Consular officer abroad for help. The Overseas Citizens Services Center will help by contacting the destitute person’s family, friends or business associates to raise private funds. It will also help transmit these funds to destitute Americans overseas. If necessary, it can provide small government loans to tide a destitute American over until private funds arrive. In case of the death of a participant overseas the Bureau of Consular Affairs provides guidance on how to make arrangements for local burial or return of the remains to the United States. The US State Department’s Overseas Citizens Services Center’s telephone number in Washington DC is 202.647.5225. Updated records on State Department travel advisories are also available at this number.

Health and Safety Guidelines
Because your health and safety are the primary concern of all of us in the PSU Global Education Office the following guidelines have been developed by NAFSA (The Association of International Educators) to provide useful practical guidance to participants. Although no set of guidelines can guarantee the health and safety needs of each individual involved in global trips, these guidelines address issues that merit your attention and thoughtful judgment.

All Global Program Participants should:
1. Read and carefully consider all material issued by the Global Education Office and your Leader that relate to health, legal, environmental, political, cultural and religious conditions in the host country.
2. Consider health and other personal circumstances when making the decision to participate in a global program.
3. Provide accurate and complete physical and mental health information and any other personal data that are necessary in planning for a safe and healthy global experience.
4. Assume responsibility for all the elements necessary for personal participation for the program and participate fully in orientation requirements.
5. Inform parents/guardians/families and any others who may need to know about participation in the global program. Provide them with emergency contact information and keep them informed on an ongoing basis.
6. Understand and comply with the terms of participation, PSU’s student codes of conduct, and emergency procedures of the program, and obey host country laws.
7. Be aware of local conditions and customs that may present health or safety risks when making daily choices and decisions. Promptly express any health or safety concerns to your program Leader.
8. Behave in a manner respectful of the rights and well-being of others and encourage others to behave in a similar manner.
9. Accept responsibility for decisions and actions and be responsible in working out solutions to problems.
10. Become familiar with the procedures for obtaining emergency health and law enforcement services in your host country.

Additional Safety Precautions

1. When traveling, do not leave your bags or belongings unattended at any time. Security personnel at airports, bus depots and train stations are often instructed to remove or destroy unattended packages or suitcases. Do not agree to look after packages or suitcases for any stranger. Make sure no one puts anything in your luggage. Airport arrivals in foreign countries find you frequently disoriented, tired and overwhelmed and visual cues may be unfamiliar. Thieves and pickpockets rely on this and airports are a common site for bad experiences. Please be aware of this and be extra vigilant during such transition times.
2. Never keep all of your money or documents in one place or one suitcase.
3. When taking a taxi, it is a good idea to sit in the back seat.
4. If you do find yourself in uncomfortable surroundings, try to act as if you know what you are doing and where you are going.
5. Use caution when traveling alone. Women especially should not walk alone at night. Try to find an escort. In some countries it is dangerous to take a taxi alone at night for men and women.
6. Always carry the emergency contact information on you with the address in the local language.
7. Have sufficient funds or a credit card on hand to purchase emergency items such as an airline ticket.
8. Be alert to your surroundings and the people with whom you have contact. Be wary of people who seem overly friendly or overly interested in you. Be cautious when you meet new people and do not give out your address or phone number. Be careful with information about other participants or group events. Be alert to anyone who may be following you, and to any unusual activity around your place of residence. Report unusual people or activities to appropriate on-site staff.
9. Avoid alcohol consumption in quantities that might impair your judgment.
10. Don’t flash money or documents in public places. Keep small bills in your pockets whenever possible to pay for things. Be discrete in displaying your passport.

Safety Precautions for Times of Political/Social Unrest or Conflict
In times of political or social unrest in the host country or region, or when the United States becomes a party to a political conflict anywhere in the world, additional precautions are advisable.
1. Keep in touch with the current political situation by listening daily to the television or radio if available.
2. When in large cities and other popular tourist destinations avoid places frequented by North Americans: bars, discos, and fast food restaurants associated with the US, branches of US banks, American churches, US businesses and offices, US consulates or embassies.
3. Keep away from areas known to have large concentrations of residents aligned with interests unfriendly to the United States and its allies. Always consult with the program Leader before undertaking travel to neighboring cities or popular tourist destinations during free time.
4. Be as inconspicuous in dress and manner as possible. Wear moderate colors and conservative clothing. Avoid American logos on your belongings and clothing. Avoid large loud groups.
5. Keep away from political demonstrations, particularly those directed toward the United States. If you see a situation developing, resist the temptation to satisfy your curiosity and investigate what is happening. Walk the other way. Be clear that we are not interested in denying free speech but you need to remember that free speech is a US constitutional guarantee and you are a guest in another country and you are not an independent agent but a representative of PSU. Your actions are not yours alone but reflect on the University and the program and your presence in the country is solely a result of this programmatic purpose. Failure to meet your responsibilities could jeopardize your status as a PSU program participant.

6. Do not agree to newspaper or other media interviews regarding political conflicts. It is important to remain as inconspicuous as possible. Do not make reference to your program or group. In such cases, always say “No comment” and hang up or walk away. Again, this direction is given because you are not an independent tourist on your own authority but a guest of the country under a PSU sponsored global program.
Your initials and signature at the bottom of this page indicates that you understand PSU global program pre-departure requirements as outlined below.

1. I have read and understand the PSU Short Term Pre-Departure Guide, and I understand my role and responsibilities as a PSU global program participant.

   Initial

2. I have read and understand the PSU Student Code of Conduct Guidelines. (https://www.plymouth.edu/office/dean-of-students/student-rights-and-code-of-conduct/)

   Initial

3. I have reviewed the U.S. Department of State Consular Information website (http://travel.state.gov) for the country(s) where I will be traveling.

   Initial

4. I have reviewed the Center for Disease Control website (http://cdc.gov) for the country(s) where I will be traveling and I am aware of medical recommendations and/or requirements for that region.

   Initial

Participant Signature: ____________________________________________ Date: _______________ 

Print Name: ___________________________________________________________
PLYMOUTH STATE UNIVERSITY - Short Term – Global Education Office

Basic Data & Emergency Contact Information

Last Name:____________________________ First Name:__________________________ Initial:_____________

Birth Date: _________/_________/___________    Sex:_______Male_______Female

Participant ID #_________--_________--_________ Current Academic Status:_______ (frsh/sph/jr/sr/non-participant)

E-Mail Address: _____________________________________ (Plymouth email only, unless non-student)

Your Current Mailing Address:
____________________________________________________________________________
____________________________________________________________________________

Telephone: (________)________________________________Cell:_______________________

Your Permanent or Home Address:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Telephone # (_______) ____________________________________

Your Winter/Summer Break Address (If different from above):
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Summer Telephone: (_______)______________________________

Parent/Guardian/Emergency Contact in case of emergency:

Name:__________________________________________ Relationship:____________________

Home Address:_________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Home Telephone: (_______)________________________________Cell:____________________

Business Address:_________________________________________________________________
____________________________________________________________________________

Business Telephone: (_______)_________________________
Alternate Contact for emergency:
Name: _____________________________________ Relationship: ___________________________________
Home Address:_____________________________________________________________________________
_____________________________________________________________________________
Home Telephone: (________)__________________________ Cell:_____________________________________
Business Address:____________________________________________________________________________
___________________________________________________________________________
Business Telephone: (_______)_______________________________

PLYMOUTH STATE UNIVERSITY- Short Term – Global Education Office
Medical Evaluation

IMPORTANT: To the Individual Planning to Participate in a PSU Global Program
It is extremely important that you disclose all of your medical history to the medical professional who will be performing your medical evaluation, even if you do not believe that your condition might create a problem for you while you are abroad. Individuals with an ongoing medical problem must take special precautions in preparing for and managing their situation overseas. The Global Education Office requires this Medical Evaluation in order to provide appropriate assistance to you should the need arise before or during your experience. This information will be kept confidential in accordance with the law. This information may be disclosed with your program leader and with the highest level of discretion in order to protect your privacy.

Last Name:____________________________ First:____________________ Male:________ Female:___
Program/Country:_________________________________ Dates of Program:_______________________
I agree to make true and accurate statements regarding my health to the examining Physician/Health Practitioner:
Signature:________________________________________ Date:________________________

PARTICIPANT: DO NOT WRITE BELOW THIS LINE

IMPORTANT: To the Physician/Health Practitioner Conducting the Medical Evaluation
*Physician/Health Practitioner must be licensed in the U.S. and cannot be an immediate family member.
The person named above has been selected to participate in a Plymouth State University Global Program. Depending on the program, the participant may spend a week to a month abroad. Living and studying in a foreign environment frequently creates unexpected physical and emotional stress, which can exacerbate otherwise mild disorders. It is important that all participants are able to adjust to potentially dramatic changes in climate, diet, and living and traveling conditions that may be seriously disruptive to accustomed patterns of behavior. Traveling abroad does not provide a resolution to health problems experienced at home.

PHYSICIAN/HEALTH PRACTITIONER: PLEASE PRINT CLEARLY
Name & Title: ___________________________________________ Phone Number:_____________________
Address:______________________________________________________________________________

Yes __ No __ 1. Does the participant have any recent continuing health problems? (If yes, please explain)
Yes __ No __ 2. Does the individual have any existing health conditions that may require treatment during the period of the program? (If yes, explain the condition and what treatment may be required)
Yes __ No __ 3. Is the participant currently being treated or have they been treated within the past five years for a mental health condition? (If yes, please explain)
Yes __ No __  4. Does the individual have any drug or food allergies? (If yes, please describe reaction)
Yes __ No __  5. Is the individual taking any prescription medications? (If yes, please explain)
Yes __ No __  6. Is there any additional information that would be helpful for the program to be aware of? (If yes, please explain)
Yes __ No __  7. Does the individual have any conditions that will require accommodations while on this program? (If yes, please explain)

PHYSICIAN/HEALTH PRACTITIONER: PLEASE PRINT CLEARLY
Name & Title: ____________________________________________ Phone Number: ______________________
Address: _____________________________________________________________________________
I have completed this medical evaluation based upon information disclosed by the individual named above:
Signature of Physician/Health Practitioner: ___________________________ Date: ______________

PLYMOUTH STATE UNIVERSITY- Short Term – Global Education Office
Authorization for the Release of Medical Records Information

I, __________________________, hereby grant to Plymouth State University Health Services, as well as to physicians in
private practice, in advance of my participation in a study away program and in anticipation of the possibility that I may
require medical attention while away, permission to release upon written request [that may be accomplished by Fax
machine] from any hospital, clinic, or physician, any and all medical records concerning me in the custody of Plymouth
State University Health Services or in the custody of private practitioners. This authorization is effective upon my
departure date of ______________, and shall remain in effect until the date of my return, ______________.
Participant Signature: ____________________________________________ Date: ______________
Print Full Name: _______________________________________________________________________

If the Participant is under 18 years of age, this must be signed by the Participant’s parent or legal guardian:
Parent or Legal Guardian Signature: ____________________________ Date: ______________
Print Full Name: _______________________________________________________________________

Because global travel can be quite rigorous and demanding, we believe that only those participants who are in good physical and mental health should plan to participate. For that reason we ask that the participant and his or her parent or legal guardian carefully read and then sign and date the following certification:

“I certify that I am in good physical and mental health and that I do not suffer from any special mental or physical problem or condition that would prevent me from successfully taking part in the global short term program in_____________________________________________________________.

I further understand that, in the event of an emergency abroad, the University reserves the right to notify my parent(s), guardian, or emergency contact.

Participant Signature: ____________________________________________ Date:______________
Print Full Name:________________________________________________________________________________

If the Participant is under 18 years of age, this must be signed by the Participant's parent or legal guardian:

Parent or Legal Guardian Signature:________________________________________ Date: __________________
Print Full Name:________________________________________________________________________________

If, for whatever reason, you cannot sign above, will you give permission to the Director or Associate Director of The Global Education Office, and to appropriate health or counseling professionals at Plymouth State University, to discuss your health condition with the physician, psychologists or counselor who treated you during the past four years?

(Please indicate your willingness to have us talk with the physician, psychologist or counselor by signing on the line below.) N.B. If you do not sign this form either above or below, as appropriate, you will no longer be considered for participation in study abroad.

Signature: __________________________________________________________ Date: ________________
Name: _______________________________________________________________________________________

The name and address of your physician, psychologist or counselor:

Name:__________________________________________ Phone # ( )_____________________
Address _________________________________________________________________________________
1.0 Participant's Desire to Participate in the Academic Program

Participant is qualified for and accepted for enrollment in a global short term program arranged through Plymouth State University's Global Education Office, and offered by or in conjunction with ________________________________, at the Sponsoring Organization (if applicable) ________________________________ from ______/_______/_______ Host Institution through ______/______/______ in the country(ies) of ________________________________.

It is expressly acknowledged that Participant is not required to participate in the global short term program.

2.0 Participant Responsibility for Medical Needs and Grant of Permission to Authorize Emergency Medical Care

The Participant has had a medical examination in anticipation of participating in this academic program, and there are no known health-related reasons or problems which preclude or restrict Participant's participation. The Undersigned understand(s) that Plymouth State University does not have medical personnel available at the location of the Academic Program, during transportation, or anywhere in the foreign country and grants Plymouth State University permission to authorize emergency medical treatment, including hospitalization either in the foreign country or in the United States. The Undersigned further agree(s) that Plymouth State University is not responsible for the costs of attending to any of Participant's medical needs, including costs for hospital care if Participant is required to be hospitalized while in a foreign country or in the United States during this Academic Program.

3.0 Travel and Accommodations

The Undersigned understand(s) that Plymouth State University in no way represents, or acts as agent for transportation carriers, hotels, and other suppliers of services connected with this Academic Program and agree(s) that Plymouth State University is not responsible or liable for:

3.1 any injury, damage, loss, accident, delay, disruption of travel arrangements, or other irregularity which may be caused by the defect of any vehicle or the negligence or default of any company or person engaged in providing or performing any of the services involved in this Academic Program;

3.2 Any loss, damage, destruction, theft or the like to Participant's luggage or personal belongings;

4.0 Cancellation and Modification of Academic Program

Plymouth State University reserves the right to cancel or make substitutions to the Academic Program or to make alterations, deletions or modifications to the itinerary in case of emergencies, changed conditions, or otherwise as it deems necessary. The University further reserves the right to adjust fees as necessitated by factors over which it has no control such as changes in currency exchange rates and tariffs and inflation. Plymouth State University further shall not be responsible for any losses or expenses incurred by the Participant due to weather, strikes, hostilities, natural disasters, or other such causes.

5.0 Legal Problems

The Undersigned acknowledge(s) and understand(s) that should Participant have or develop legal problems with any foreign nationals or governments, Participant will attend to such matters personally with Participant's own personal funds. Plymouth State University is not responsible for providing any assistance under such circumstances.

6.0 Acceptable Conduct by Participant
The Participant is aware of and shall comply with Plymouth State University's rules, standards and instructions for their behavior. The Undersigned agree(s) that Plymouth State University may enforce its rules, standards, and instructions for appropriate conduct, and that such enforcement may include termination of participation in the academic program for inappropriate behavior or any action or conduct, the Undersigned shall be responsible for all expenses incurred in Participant's returning home. Further in this eventuality the Undersigned agree(s) that there shall be no refund of fees.

7.0 Assumption of the Risks, Release and Waiver of Liability, and Indemnity

7.1 Knowing the dangers, hazards, and risks of such activities, and in consideration of being permitted to participate in this Academic Program, the Undersigned, on behalf of Participant's family, heirs, and personal representative(s), agree(s): (a) to assume all the risks and responsibilities surrounding Participant's participation in the Academic Program, the transportation, and in any independent research or activities undertaken as an adjunct thereto, and (b) to release and hold harmless Plymouth State University, its governing board, officers, agents, employees, and any participants acting as employees, 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 Participant may have or which may hereafter accrue to the Undersigned, arising out of or related to any loss, damage, illness or injury, including but not limited to suffering and death, that may be sustained by Participant or by any property belonging to Participant, whether caused by the negligence or carelessness of the "Releases," or otherwise, while in, on, upon, or in transit to or from the country where the Academic Program or any adjunct to the Academic Program occurs or is being conducted.

7.2 In the event that Participant's conduct causes damage to the property of the "Host Institution," the Undersigned agree(s) to indemnify Plymouth State University for such loss. The Undersigned further agree(s) to defend and indemnify Plymouth State University with respect to any claims, demands, or actions for damages brought by anyone else against the University for Personal Injury, property damage, or death arising in whole or in part from Participant's conduct.

THIS AGREEMENT shall bind the members of the Undersigned's family and spouse, if Participant is alive, and Participant's family, estate, heirs, administrators, personal representatives, or assigns, if Participant is deceased. In signing this Release and Waiver of Liability, Hold Harmless, and Indemnify Agreement, I acknowledge and represent that I have read it and all attachments hereto, that I am fully informed of and acknowledged that no oral representatives, statements, or inducements, apart from the foregoing written statement, have been made.

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

This Agreement takes effect when signed by the Participant and returned to and accepted by PSU.

Participant Signature: ___________________________ Date: ______________
Print Full Name: _______________________________________________________

If the Participant is under 18 years of age, this Agreement must be signed by the Participant's parent or legal guardian:

Parent or Legal Guardian Signature: ___________________________ Date: ______________
Print Full Name: _______________________________________________________

Plymouth State University: Global Education Office
MSC 44, 17 High St., Plymouth, NH 03264, Tel: 603-535-2336, Fax: 603-535-2528