

SUMMER INSTITUTE IN URBINO, ITALY

STUDENT CONTRACT (S1) Participant's Name: _____

Applicants will sign this document and return it with all other required forms as part of the completed application.

I. ACCEPTANCE OF OFFER

I accept the offer to participate in this Study Abroad program, which is arranged through and by the Summer Institute in Urbino, Italy under The American Council of Colleges in Italy (A.C.C.I.) Inc, and the University of Urbino, Italy.

II. COURSE CREDIT AGREEMENT

I will enroll in the equivalent of 6 credit hours this summer term. I also understand that all grades are recorded, including failing grades. I also understand that major and minor course credit is at the discretion of the individual academic departments of the institution to which I am transferring the credits. I agree to consult my academic advisor regarding courses I wish to take during this program.

III. PROGRAM FEES and PAYMENTS

I agree to pay the Summer Institute in Urbino, Italy/ A.C.C.I. Inc, the study abroad application fee of \$300.00, and if I am accepted into the program, and decide to enroll. I agree to pay tuition, fees, room and board according to the terms designated by the program, and by the designated deadlines. I understand that these costs may be subject to increase in the event that the currency exchange rate fluctuations cause an increase in the equivalent US dollars needed to pay tuition and other educational expenses in Euros.

IV. CHANGES / CANCELLATIONS

I understand that the Director reserves the right to make changes to the Program itinerary at any time and for any reason, with or without notice, and shall not be liable for any loss whatsoever to me by reason of any such cancellation or change. The Program, Director, or University are not responsible for the penalties assessed by air carriers that may result due to operational and/or itinerary changes, regardless of whether it makes a flight arrangement. Any additional expense resulting from the above will be paid by me. The Program Director reserves the right to substitute hotels or accommodations or housing of a similar category at any time. Specific room and housing assignments are within the sole discretion of the Program Director.

V. MEDICAL INSURANCE, HEALTH / MEDICAL INFORMATION

I understand that as a participant in this program, I am required to have a medical insurance policy, which includes overseas coverage for medical services, emergency medical evacuation, and repatriation of remains. I understand that I must file any claims directly with the insurance company myself. I understand and acknowledge that, if I am required to be hospitalized while in another country or in the United States during this program, I will be legally responsible for the payment of such hospitalization and that the Summer Institute in Urbino/A.C.C.I. Inc. does not assume any legal responsibility for such payment.

I agree to inform the Summer Institute in Urbino / A.C.C.I Inc. of any health or medical conditions or needs which may affect my participation in this program. I will have a medical doctor sign the medical form. I agree subsequently to inform the Institute of any health or medical condition or need that should develop after this date and prior to the date of departure or during the program. I understand that I must make provisions before departure for continuation of medical treatments such as prescriptions or special diets. No

representation can be made by the Institute with respect to accessibility to services and facilities while on this program.

I agree to complete and submit the health insurance and emergency contact information form as part of my completed application. I will submit a xerox copy of my insurance card with my completed (H1) form.

VI. INTERNATIONAL IDENTIFICATION CARD

I acknowledge that I am responsible for obtaining an International Student Identification Card (ISIC). I will submit a xerox copy of my ISIC card as part of my application

VII. INFORMATION FOR FAMILY / EMERGENCY CONTACT

I acknowledge and understand that, although I am an adult, I have been advised to discuss this trip with my parents/family and to share with them any materials or information about the elements of risk associated with this program that I may receive. I have provided emergency contact information as part of my application forms and agree to update that information if necessary.

VIII. DISCLOSURE OF LIMITATIONS

The program:

- A. cannot guarantee or ensure the safety of participants or eliminate all risks from the study abroad environment;
- B. cannot monitor or control all of the daily personal decisions, choices and activities of individual participants;
- C. cannot prevent participants from engaging in illegal decisions, dangerous or otherwise;
- D. cannot ensure that U.S. standards of due process apply in overseas legal proceedings or provide or pay for legal representation for participants;
- E. cannot ensure that home-country cultural values and norms will apply in the host country.

IX. RECOGNITION OF RISKS

I acknowledge that I am fully aware that risks and hazards associated with travel and residence may include personal injury; death; property theft; robbery and other violent crimes; political or civil unrest; and natural and environmental hazards, including unsanitary conditions, disease, dangerous animals, and hazardous natural geographic features. I further understand that other countries have different laws, regulations or standards; may have few or no laws, regulations or standards; or may not enforce their existing laws, regulations or standards, including, but not limited to, those related to health, welfare, safety, crime, regulation of businesses and transportation in any form (including travel by sea, land or air).

X. OTHER RESPONSIBILITIES OF THE STUDENT

- A. I understand that my participation in this program is based on a genuine interest in the educational opportunities offered by this program.
- B. I understand that my conduct during the program inside and outside the classroom reflects upon the Institute, and I agree that I shall abide by the program Student Code, as well as by the regulations of the

host institution. I understand that examples of misconduct include, but are not limited to: violation of laws of host country; abuse of alcohol, or use or abuse of illegal drugs; disturbing the peace or disrupting the community; repeated failure to control noise levels in student housing facilities; disruption of the academic environment of the program, including repeated failure to participate in class assignments or to attend mandatory excursions; academic misconduct, including plagiarism and cheating; vandalism perpetrated against public or private property; assault or sexual assault.

- C. I agreed to abide by the laws and respect the customs of the host country.
- D. I am also aware that in other countries, certain behaviors (including, but not limited to dress, manners, sexual conduct, different standards of morality, expression of political views, use of vulgar language, and drug use) are unacceptable and/or illegal and could lead to possible disruption of my participation in the program. I agree to seek information about unacceptable behaviors in the countries where I am traveling or studying, and I agree to act in an appropriate manner at all times, both when I am in the company of other program members and when I am physically separated from fellow program members. I understand that there will be no refund, if I am dismissed from the program.
- E. I also agree that I will abide by all terms and conditions of the housing agreement associated with the program, including payment of deposit, check-in and check-out dates, and any other behavior expectations as outlined by the proprietor or institution in charge of the accommodations.
- F. I agree that, if the Program Director or the Program Coordinator determine that my conduct is in violation of this Student Agreement or the institution's housing agreement, my participation in the program may be terminated. As a result of this agreement, I authorize the Institute to contact my parents or guardians about any health or safety emergency, or any allegation of student misconduct as outlined in section XI, parts B, C and D of this contract.
- G. I understand that if I am asked to leave the program, I risk forfeiture of all course credit, as well as program and all other associated fees.
- H. I agree that, in the event I become detached from the field trip group, fail to meet a departure bus, airplane or train, or become sick or injured, I will bear all responsibility to seek out, contact, and/or reach the field trip group as soon as possible at its next destination and that I shall bear all costs attendant thereto.
- I. I acknowledge and understand that, if I should encounter or cause any legal problems with any foreign nationals or with the government of a host country, I shall be personally and financially responsible for their resolution and that the Institute is not responsible for assisting and may be unable to assist me under these circumstances.
- J. I acknowledge and understand that the Program Coordinator will communicate with me primarily through e-mail and I agree to monitor the email account on record with the Institute before, during, and immediately after the dates of this program to receive any messages sent to me by the Institute or its agents.
- K. I understand and acknowledge that it is my responsibility to obtain current health information, including recommended precautions for the area in which I am traveling at <http://www.cdc.gov/travel/> the website of the U.S. Centers for Disease Control. I further understand and acknowledge that it is my responsibility to obtain current safety information on travel to, and within the country or countries where I am traveling from the U.S. State Department website <http://travel.state.gov/> and to check that website regularly for updated information while I am studying abroad. I understand that such information is contained in the sections on Travel Warnings and Consular Information sheets.

XI. REASONABLE ACCOMMODATION FOR DISABILITY

I understand that, if I am an individual with a disability that requires reasonable accommodation, I am responsible for contacting the program coordinator as soon as possible to assess the availability of such accommodation on this program. I further understand that U.S. disability laws do not apply overseas.

XII. RELEASE AND HOLD HARMLESS AGREEMENT AND CONSENT FOR EMERGENCY MEDICAL TREATMENT

As part of the consideration for participating in this program, I will be required to release, hold harmless, and forever discharge The Summer Institute in Urbino, Italy/ A.C.C.I Inc, and its employees and agents from any and all liability, including negligence, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, property damage, or personal injury, including death, that may be sustained by me or to any property belonging to me while participating in this program. Such losses, damages and injuries include, but are not limited to: a) expenses or losses due to my failure to obtain passport, visas, traveler's checks, and tickets or my failure to safeguard properly these items or any other property of mine; b) losses or expenses due to sickness, weather, strikes, hostilities, wars, natural disasters or other such causes; c) any disruption of travel arrangements and any consequent additional expenses that may be incurred as a result; and d) any failure, due to bankruptcy or otherwise, of any of the companies providing transportation, hotel, food, tour services, or other goods or services. I am fully aware of the risks and hazards associated with this activity and with foreign travel and residence. I understand that it is possible for me to complete my degree program without studying abroad, and I acknowledge that my participation in this activity is elected by me and not required. I voluntarily assume full responsibility for any risk of loss, damage, or personal injury, including death, and for any property damage that may be sustained by me as a result of participation in this program. Furthermore, in the event of illness or injury, I hereby authorize the program director or other agents to obtain emergency or other medical treatment as deemed necessary, including administration of an anesthetic or other medication and surgery, and I hereby assume the cost of such treatment. I understand that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of the Institution to give specific consent to the diagnosis, treatment, or hospital care which in the best judgment of a licensed physician is deemed advisable.

This Student Participation Agreement (S1) along with a Statement of Responsibility and Indemnification Form (R1) and Health Insurance Form (H1) must be completed to participate in the program.

XIII. CHOICE OF LAW/ SEVERABILITY

This contract shall be construed in accordance with the laws of the State of Connecticut, which shall be the forum for any lawsuits filed under or incident to this contract or this program. The terms of this contract shall be severable, such that, if a court of competent jurisdiction holds any term to be illegal, unenforceable, or in conflict with any law governing this agreement, the validity of the remaining portions shall not be affected thereby.

I have read this document and understand it and agree to abide by its terms.

Print Name: _____

Signature: _____ Date: _____

Witness: _____ Date: _____