

PROGRAM PARTICIPATION AGREEMENT

Off-Campus Short-Term Programs

I understand that I am obligated as a Program Participant to abide by all Program policies, procedures, and instructions provided to me by the Program Director or Faculty Member in charge of the program. As a Participant in an Off-Campus Program, I acknowledge that I have a continuing obligation to conform my conduct with all CSB and SJU policies applicable to me through my affiliation with CSB and/or SJU and therefore, if any Program policy or procedure conflicts with a CSB or SJU policy applicable to me, the CSB or SJU policy shall apply and prevail.

As a Participant in an Off-Campus Program, I understand that CSB, SJU, the Program, the Program Directors, travel arrangers, or others cannot and will not provide me with full-time supervision while I am a participant in the Program. I acknowledge that I will have the opportunity and independence to leave the group periodically, subject to the Program Director's requirements for participation and attendance at classes and other activities identified as required for the Program. However, whenever I elect to leave the group, I know that I must assume full and complete responsibility for my own supervision, behavior, and any results related to all known and unknown risks.

As a Program Participant I further agree that:

1. For myself, my heirs, and successors and assigns, I hereby release, indemnify and hold harmless CSB/SJU and their Program Directors, both individually and collectively, and their current and future trustees, regents, officers, employees, agents, and the heirs, successors, and assigns of each of them, from any and all loss, cost, damage, liability or expense (including reasonable attorneys' fees), resulting in any way or arising out of my participation in the Program.
2. I will assume full responsibility for my personal care and safety throughout my participation.
3. If I decide to leave the Program before completing my course of study, I will provide the Program Director or Faculty Member in charge and the CSB or SJU Registrar with advance written notice of my intention to leave the Program and the applicable effective date. If I leave the Program prior to its natural completion, CSB|SJU, and the Program will have no responsibility or liability related to providing or arranging transportation, housing, dining or any other services related to my early departure.
4. I understand that the circumstances of living and studying off-campus may require a standard of behavior and dress that differs from that of my current lifestyle. In recognition of that fact, I acknowledge my willingness to make a reasonable effort to understand and conform to the standards and expectations of my hosts.
5. I understand that it is important to the success of the Program and the continuance of future programs that participants observe standards of conduct that will not compromise CSB|SJU in the eyes of individuals and organizations that the Program depends upon. Therefore, I acknowledge that the Program Director has the sole and exclusive responsibility for setting rules and interpreting the conduct of participants in the program and I agree to comply with all rules and regulations established by CSB|SJU, the Program Director, or any of their designees. Further, I understand and agree that it is within the discretion of the Program Director to

determine that a violation of any such rule and regulation has occurred and that the violation warrants disciplinary action up to and including my termination from the Program. In the event I am terminated from the Program, I agree that I may be sent home at my own expense.

6. While participating in the Program, I will not:
 - a) Buy, sell or use illegal drugs, including marijuana, at any time;
 - b) Engage in abusive use of alcohol;
 - c) Fail to participate in all classes and scheduled activities unless ill;
 - d) Willfully or negligently cause damage or destruction to property or equipment belonging to the Program or affiliated organizations and institutions; and I will not
 - e) Indulge in behavior detrimental to the conduct of the Program or the safety of myself or others.

7. I understand that CSB and SJU reserve the right to make cancellations, changes or substitutions to the Program in cases of emergency or changed conditions or in the general interest of the Program. CSB|SJU may, in their independent and sole discretion, determine that circumstances at an off-campus site require the cancellation of the Program within that country. CSB|SJU will provide me with as much advance notice as reasonable under the circumstances of any intention to cancel the Program for which I have applied. I also understand that CSB|SJU, the overseas institution, or the foreign government may prematurely terminate the Program even after I have arrived in the foreign country. In that event, CSB or SJU will provide me with assistance in arranging transportation back to the United States. However, even under those circumstances, I understand that I must return to the United States at my own expense.

CSB, SJU and the Program shall bear no responsibility or liability for any losses or claims incurred by me in connection with an early termination of the Program or my participation in the Program. If I decide to remain in the foreign country after receiving notice of my termination from the Program or as result of a premature Program termination initiated by CSB, SJU or the Program, I understand that I will be required to bear full responsibility and all liability for my own care and safety and that I must release CSB, SJU, and the Program from any responsibility or liability.

8. I am responsible for any and all required payments, charges and fees applicable to the Program and my participation. I understand the cancellation policies of the Program and I agree to abide by them and pay or reimburse the Program for any fees or amounts due the Program under any and all circumstances.

9. I have thoroughly examined, accurately completed, and appropriately submitted the Health and Emergency Contact form provided me by the Program as a required part of my application for Program participation.

10. To prevent any dangerous delay in an emergency, if I am unable to consider and provide informed consent for necessary medical services or treatment, I hereby authorize CSB, SJU and/or the Program Director to procure all necessary medical assistance for me while I am a participant in this Program and to authorize any competent medical person to do all things reasonably necessary including the administration of anesthetics and surgery to treat any injury

or illness which occurs during my participation in the Program.

11. I understand that the CSB, SJU, and the Program cannot:
- a) Guarantee or assure the safety of participants or eliminate all known or unknown risks from the Off-Campus Program experience for me;
 - b) Monitor or control all of the personal decisions, choices, and activities of individual participants including me;
 - c) Prevent participants, including me, from engaging in illegal, dangerous, or unwise activities;
 - d) Assure that U.S. standards of due process apply in overseas legal proceedings or provide or pay for legal representation for participants including me;
 - e) Assume responsibility for the actions of persons not employed or otherwise engaged by CSB, SJU or the Program, for events that are not part of the Program, or that are beyond the control of CSB, SJU, the Program and any subcontractors for situations that may arise because a participant, including me, fails to disclose important and pertinent information; and furthermore CSB, SJU and the Program cannot
 - f) Assure that U.S. or home-country cultural values or norms will apply to circumstances and situations that occur during my visit to the host country.
12. I understand that CSB and SJU policies require each student to maintain enrollment in a health coverage plan made available by virtue of my dependence on a family plan, or an individually acquired policy, or as made available to students by CSB or SJU. I further understand that the Program requires that such coverage be in place and in force throughout my participation in the Program.
13. I also understand that it is my personal responsibility to ensure coverage and protection for any accident, disability, repatriation or any loss related to my person, my property or my activities throughout my participation in the Program. It is my responsibility to determine and acquire the appropriate levels and applications of insurance coverages and policies.
- I fully understand and agree that I am responsible for any expenses not covered by any insurance coverage plans and policies.
14. I acknowledge and affirm that I have taken adequate time to carefully review this Agreement along with all other ancillary forms and policies referenced herein and that I understand my commitments related to participation in the Program.

I have read this entire Agreement and any related and referenced documents and as witness by my signature below, I agree to all terms and conditions of this Agreement made effective with the date of my signature recorded below.

****SIGNATURE AND CONSENT IS GRANTED THROUGH THE
SHORT-TERM OFF-CAMPUS PROGRAM WAIVER AND RELEASE FORM****