

REGISTRATION OF PARTICIPATION FOR NON-CREDIT OR LIFELONG LEARNING TRAVEL ABROAD

Name: _____ Date of Birth _____ / _____ / _____
Month / Day / Year

Dates of travel: _____ Location: _____

MAILING ADDRESS

Address: _____ Apt #: _____
Street address

City _____ State _____ Zip _____

Phone: _____ E-mail : _____

EMERGENCY CONTACT

Please list who should be notified in case of an emergency

Name: _____ Relationship to you: _____
Last First

Address: _____ Apt #: _____ Home phone: _____
Street address

City _____ State _____ Zip _____ Country _____ Work phone: _____

Cell phone (if applicable): _____ Fax (if applicable): _____

E-mail (if applicable): _____

RELEASE OF INFORMATION

During the course of your participation abroad, Michigan State University may wish to provide relevant information from your records to family members or other third parties. Depending on the circumstances, information to be released might include your account status, information about the program in which you are participating, or non-emergency information related to your health or safety.

Please choose one:

- I authorize Michigan State University to provide relevant information from my records as described above.
- I do not authorize Michigan State University to provide relevant information from my educational records as described above.

I also authorize Michigan State University to release my information to the following individuals: _____

PARTICIPATION AGREEMENT

Check each statement after you have read and understood each item.

- I understand MSU may contact my emergency contact listed on the application in the case of an emergency that affects me or my program.
- I promise to abide by the following statement of responsibilities:
 1. **Alcohol and Drugs.** As a participant in MSU-sponsored travel, I must abide by host country laws and local institutional regulations with respect to alcohol and other drugs. I understand that Michigan State University has a zero-tolerance policy with respect to the possession, use, manufacture, production, sale, exchange, or distribution of illegal drugs. I am responsible for knowing and obeying the laws of the host country, as well as all local institutional regulations, regarding alcohol and other drugs. I understand that violations of law or policy may result in immediate dismissal from the program.

2. **Host Country Customs.** I will abide by the laws and customs of my host country, community, institution and program. I know that I need to be sensitive to the social mores of the host culture.
3. **Dismissal.** If I seriously disrupt the group learning process, or if my behavior gives the program leader reasonable cause to believe that my continued presence in the program poses a danger to the health or safety of persons or property, or impedes, disrupts or obstructs the program in any way, I will face immediate dismissal. Alcohol, drug and weapons related violations, assault, and sexual or racial harassment are so seriously problematic that dismissal is highly likely.
4. **Travel.** I must confirm departure and arrival times and locations with the program leader. If I incur a delayed arrival, I will notify the program leader or Office of Study Abroad personnel. My property is transported at my risk. The University is not responsible for travel delays and hassles.

The University is not responsible for any injury or loss I may suffer when I am traveling independently or am otherwise separated from any University-sponsored activities. If I become separated from the program group, for any reason, I will rejoin, at my own expense, the group at the first opportunity.

5. **Spouses/Partners and Children.** The University is not responsible for providing support for accompanying non-participants, i.e., spouses/partners and children. I must obtain overseas health insurance for any accompanying non-participants. Such persons cannot attend classes or other activities formally associated with the program. If such a person disrupts the program, it may be grounds for my dismissal.
6. **Health.** I will be responsible for my own health maintenance and health insurance. In the event of serious illness, accident or emergency, I will inform an appropriate program official so that assistance may be secured and so that my designated emergency contact may be notified.
7. **Waiver.** In the case of an emergency in which I cannot be reached, I authorize U.S. Embassies and Consulates to release information concerning my welfare and whereabouts to Michigan State University. In authorizing this release of information, I hereby waive 5 USC Section 522 (b) (8).
8. **Release of Claims and Indemnity.** For myself and all those who may claim through me, I release the University (and its employees and representatives) from liability for all injuries, illnesses, and losses, including death, I may sustain to my person and/or property, which are in any way connected to my program participation, except as regards any claim of "gross negligence" that is actionable under Michigan's Governmental Tort Liability Act. I further agree to defend and hold the University harmless with respect to any loss, claim or expense it may sustain by reason of my behavior as a program participant.
9. **Governing Law.** Any dispute arising from this Statement will be determined according to Michigan law.

In signing this document I acknowledge that I have had an opportunity to ask any questions I have about it, that I have read and understand it, that I accept its terms, and that I have signed it knowingly and voluntarily.

Signature: _____ Date: _____

Return this document to:

Office of Study Abroad
109 International Center
Michigan State University
East Lansing, MI 48824
Ph: 517-353-8920
Fax: 517-432-2082