

**STATE UNIVERSITY OF NEW YORK  
Overseas Academic Programs**

**AGREEMENT AND RELEASE FOR STUDY ABROAD**

*Please type or print.*

Name: \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Program: \_\_\_\_\_  
Location Abroad \_\_\_\_\_ Term Abroad \_\_\_\_\_

**For Participants in State University of New York Administered Overseas Academic Activities**

**To the Student:** As with all academic programs, certain conditions must be adhered to in order to preserve program integrity. As a necessary precaution to protect the State of New York, the State University of New York and the University at Buffalo (hereafter collectively referred to as *SUNY*), these conditions are listed below. We ask that you **read carefully and indicate with your signature that you understand them and will comply**. If you are a participant under the age of 18, your parent or guardian's signature is also required.

**Informed consent** and agreement to these conditions is a **required condition of participation** for all *SUNY*-administered or arranged overseas academic programs, and for all *SUNY* credit-bearing or course related or other *SUNY*-sponsored or arranged overseas travel. If you have questions concerning this document (or any pre-departure procedures or forms), consult the orientation and other pre-departure materials supplied, or contact: \_\_\_\_\_.

I, [PRINT FULL NAME] \_\_\_\_\_, have agreed to participate in an overseas academic program, or a credit-bearing, course related, or other *SUNY*-initiated overseas activity (hereafter called "the program") sponsored by the University at Buffalo, either in collaboration with an international host organization or organizations, or by arrangement of a *SUNY* faculty member, in [NAME OF COUNTRY] \_\_\_\_\_ from [INTENDED START DATE] \_\_\_\_\_ to [EXPECTED END DATE] \_\_\_\_\_.

I understand and hereby acknowledge that my participation in the program is wholly voluntary. In consideration of *SUNY*'s agreement to permit me to participate in the program, by my signature below, I agree to and acknowledge the following:

**A. I acknowledge that I am aware that there are risks involved in participation in a study abroad program and that I am willing to assume those risks.**

By my signature below, I certify that I understand and hereby acknowledge that:

1. My participation in the program will require transportation to and habitation in another country and may involve my being subject to risks relating to travel or arising out of program activities, and
2. I have, as advised by the program's acceptance materials, reviewed the U.S. Consular Information Sheets and Travel Warnings [contained on the U.S. Department of State Consular Affairs web site] and the Travelers Health section of the Center for Disease Control's web site, and by those means, been informed of such risks. I have diligently endeavored to learn about the country or countries and specific locations within those countries I will visit so as to be aware of the health and safety risks that I may face. I hereby assume, knowingly and voluntarily, each of these risks and all of the other risks that could arise out of or occur during my travel to, from, in or around the country in which this program is located.
3. I release *SUNY*, its officers, trustees, employees, and agents from any and all liability, damage or

claim of any nature arising out of, or in any way related to my participation in this program, the transportation, or health care that may be provided, or in any independent activities that I may undertake during my participation. I understand that this means that I cannot hold SUNY legally responsible, even if its negligence contributes to any injuries or damages that I may suffer.

**B. I acknowledge that I have appropriate insurance coverage, will be prepared to pay expenses not covered by insurance, and will disclose pre-existing health issues, and will ascertain the need for and obtain necessary vaccinations and recommended medications.**

By my signature below, I certify that I understand and hereby acknowledge that:

1. SUNY requires that all students participating in an overseas academic program be covered by appropriate accident and medical insurance and that the participants be financially responsible for such expenses. SUNY may require the purchase of a health insurance policy specifically approved by SUNY as a condition of participation in a program;
2. I will be covered for the duration of the program and for any pre- or post-program travel by a comprehensive health and accident insurance policy which provides coverage for injuries and illnesses I sustain or experience overseas, and, more specifically, in the country in which I will be living and/or traveling while on the program;
3. I understand that payment for medical expenses overseas may have to be advanced and reimbursement sought later from an insurance carrier;
4. I understand that my program abroad will be rigorous and demanding, and that students with emotional issues are advised to consult with their counselor prior to the program regarding their participation.
5. I absolve SUNY of all responsibility and liability for any injuries (including death), illnesses, claims, damages, charges, bills and/or expenses I may incur while I am abroad;
6. I understand that SUNY requires that participants planning to operate a motor vehicle while overseas obtain liability and collision insurance that will cover them in applicable foreign countries;
7. I understand that SUNY also recommends that participants in overseas academic programs insure their property from loss and theft.
8. I agree to report to SUNY any physical or mental condition I have which may require special medical attention or accommodation during the program as soon as possible. I understand that if I fail to report such information to SUNY within at least sixty (60) days prior to the starting date of the program, I will not be allowed to participate.
9. As advised by the program's acceptance materials, or the Travelers Health section of the Center for Disease Control's internet page, or my doctor I have ascertained the recommended vaccinations and medications for the area I will be traveling to and I am solely responsible for securing any necessary immunizations prior to departure and for obtaining recommended or required medications needed while abroad.

**C. I absolve and release SUNY from liability for things and events that arise out of, result from, occur during, or are connected in any manner with my participation in the program and/or any travel incident thereto.**

By my signature below, I certify that:

1. I, individually, and on behalf of my heirs, successors, assigns, and personal representatives, hereby agree to indemnify, defend, hold harmless, release and forever discharge SUNY and

its employees, agents, officers, trustees, and representatives (in their official and individual capacities) from any and all liability whatsoever for any and all damages, losses or injuries (including death) I sustain to my person or property or both.

2. I understand and acknowledge that SUNY in no way represents or acts as an agent for transportation carriers, hotels, and other suppliers of services connected with this program and SUNY assumes no responsibility or liability, in whole or in part, for any problems, delays, or damages caused by such parties or events beyond SUNY's control, such as weather, criminal activity, or civil unrest.
3. I understand and acknowledge that in the event that I become detached from a 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 connect with the group at its next available destination; and that I shall bear all costs involved in contacting and reaching the trip group at its next available destination.
4. I understand and acknowledge that if, due to weather, flight schedules, or other uncontrollable factors, I am required to spend additional nights, SUNY will not be responsible for my hotel, transfers, meal costs, or other expenses; and
5. I understand and acknowledge that my baggage and personal property are transported at my risk entirely and, as noted above, SUNY also recommends that participants in overseas academic programs insure their property from loss and theft.
6. I release SUNY, its officers, agents, and employees from any and all liability, damage or claim of any nature whatsoever arising out of, or in any way related to my participation in this program, including but not limited to the medical authorization given to SUNY, acts of God, acts or omissions of any third parties (including but not limited to common carriers, hotels, restaurants, host families, or overseas organizations, or other firms or agencies); and
7. I indemnify and hold harmless SUNY, its officers, agents, and employees from any damage or liability incurred as a result of any illness I may suffer, including the costs of any medical care, or any injury or damage to the person or property of others which I may cause, or from any financial liability or obligation which I may personally incur, while participating in the program.
8. I understand and acknowledge that it is my responsibility to determine and meet prerequisites for classes I hope to take in the program and I understand and acknowledge that SUNY cannot guarantee me placement in classes at an overseas institution and indemnify and hold SUNY, its officers, agents, and employees harmless from any damage or liability incurred due to the inability to enroll in or cancellation of, or my failure to complete with a satisfactory grade a class at an overseas institution.

**D. I acknowledge that I am aware that SUNY has the right to make changes to the program.**

By my signature below, I certify that I understand that:

1. SUNY reserves the right to make changes to the program at any time and for any reason, with or without notice, and that SUNY shall not be liable for any loss whatsoever to me by reason of any such change;
2. SUNY reserves the right to substitute hotels, accommodations or housing at any time. Specific room and housing assignments and types of housing assigned when arrangements are made by SUNY are within the sole discretion of SUNY;
3. SUNY reserves the right, at its sole discretion, to cancel the program or any aspect thereof prior to departure; and, at SUNY's sole discretion, to cancel the program or any aspect

thereof after departure, requiring that all participants return to the United States. In the event that a program is cancelled after the start of the program, SUNY will refund only uncommitted and recoverable funds.

**E. I acknowledge that I am responsible for my conduct during the period of my participation in this program, am responsible for following through on acceptance and post participation procedures, and am responsible for paying for the program and any related or unrelated costs I may incur.**

By my signature below, I certify that:

1. In regard to my conduct while a participant in this study abroad program I understand that:
  - a. All participants in the program are subject to the home institution's regulations and guidelines (including but not limited to those contained in other orientation materials), SUNY and my home SUNY campus's code of conduct, the host University's regulations and guidelines, as well as the laws of the host country. I agree to obey those rules, guidelines, regulations, codes, policies and laws.
  - b. SUNY reserves the right to decline to accept or retain me in the program at any time should my actions or general behavior impede the operation of the program or the rights or welfare of any person. Similarly, if my conduct violates any policy or procedure of SUNY or the laws of the host institution or host country, I understand that I may be required to leave the program at the sole discretion of SUNY's employees, agents and representatives, and I may be referred to the appropriate SUNY officials for further disciplinary or other action. In such an event, no refund will be made for any unused portion of the program and I will return to the United States at my own expense. Further, I understand that I am responsible for any expenses that others may incur due to my actions.
  - c. SUNY is not responsible for the defense of a participant accused of a violation of the laws of the host country or rules of the host institution or organization and is not responsible for the payment of any fines or other penalties resulting from such violations. I agree to be responsible for any damage or liability incurred as a result of any illness or accident I may suffer, including the costs of any medical care not covered by insurance, or any injury or damage to any person or property of others which I may cause, or for any financial liability or obligation which I may personally incur, while participating in the program.
2. As a participant in this study abroad program, I pledge to conduct myself in a manner that reflects favorably on my home campus, on SUNY, the State of New York, the United States of America, and myself.
3. I understand and acknowledge that the manufacture, distribution, possession, use or sale of controlled substances as defined by New York State and/or U.S. Federal Law, and/or the laws of the host country is prohibited during study abroad. I understand that I will be directly subject to the laws and legal procedures of the host country and host organization as applied to the use, possession and distribution of illegal drugs, and these will be strictly enforced by local authorities.
4. I understand and acknowledge that I am solely responsible for ascertaining the lawful age for the possession or consumption of alcoholic beverages in the host country and for my conduct in compliance with local laws as enforced by local authorities. I understand that abuse of alcohol even in my free time may be grounds for my dismissal from the program.
5. I agree to participate fully in all portions of the program, and further agree that any deviation from the design of the program's content or format must be approved by SUNY.
6. I understand and acknowledge that in order to secure my courses/tutorials and/or housing placement at my overseas host institution, I may be required to submit the appropriate forms to

both the Study Abroad Office at the University at Buffalo, my home campus, and to the appropriate office(s) at the overseas institution in a timely manner as specified in acceptance materials by any deadlines noted, and I am personally responsible for any damage or liability incurred as a result of my failure to follow instructions, return necessary required forms, or take any necessary actions required or recommended by SUNY or my host institution.

7. I am aware of the nature and the cost of the program. I agree to pay the Program Fees, Tuition, Differential, or other charges that were specified on the program budget or Estimate of Costs that I received with my offer of admission and will guarantee that all financial obligations will be met by the deadline(s) specified on the bill statement. If I am a financial aid recipient, I will submit all documentation required by my home campus's Financial Aid Office and will either remit any balance owing by the payment deadline(s) or arrange for a deferment of payments with the appropriate offices.
8. I understand and acknowledge that if I withdraw before the start of the program I will be responsible for paying any part of those costs that cannot be recovered by SUNY or that SUNY may still be required to pay on my behalf. If I withdraw from the program after its starting date, I will not expect to receive a refund of any program fees, differentials, or other charges and, depending on the rules of the host university, may not receive a refund of SUNY tuition. I may also be obligated to repay any financial aid awards that I received in support of my participation in the program.
9. I acknowledge that I have read the orientation materials and understand its content. I agree to abide by the guidelines, rules, and procedures described and outlined in any program specific materials provided or directed to be read online. I also agree to abide by any rules and procedures that may be provided by faculty or staff involved in the organization, implementation, and delivery of the program.
10. I agree to complete all the academic work required by my program or host university before the end of my study abroad term/semester/session, or academic year, whichever is applicable, and to remain on site until that date.
11. I understand and acknowledge that it is my responsibility to determine if I must request from my overseas host that a statement of my academic work be forwarded to the Study Abroad Office at the end of my program and if so will comply with the overseas host's instructions.

**F. I give permission for photographs of me and statements by me to be used in publicity materials.**

I give my consent for SUNY, the overseas institution I attend, and agencies, organizations, and individuals cooperating with SUNY in the administration of the program to use images of me or written statements from me in promotional and informational materials. I hereby irrevocably authorize SUNY to copy, publish, exhibit or distribute in any legal manner, any and all images, videos, audio recordings and electronic or digital recordings in which my likeness appears. I further waive any right to inspect or approve any advertisement, publication or information piece in which my likeness appears. I hold SUNY harmless and release and discharge SUNY, its employees and agents, from any claims, demands, or causes of action which I, my heirs, representatives, executors, administrators or other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

**G. I authorize the release of my student, health, and insurance records as described below.**

According to the provisions of Public Law 93-380 (20 USC 1232g-Family Educational Rights and Privacy Act of 1974) and laws concerning the use of medical records commonly referred to as HIPPA, and in connection with my participation in the overseas program indicated above, I hereby authorize the Study Abroad Office and its

officers, agents, and employees, the Office of the Registrar, the Office of Financial Aid, the Office of Judicial Affairs, or any other office of SUNY, representatives of my home campus, representatives of my insurance providers, medical staff in whose care I may be, the staff of the organization or institution I am attending overseas, to communicate with each other and with my parents or guardian or others whose names I provided in my application or on my Emergency Contact list and provide to them or receive from them any academic, medical, or financial information deemed appropriate to assist with health care, to ensure continuation of enrollment at my home university, or enrollment in insurance (e.g. enrollment verification or other similar documents) or for any other purpose deemed appropriate to ensure my health and safety in, facilitate financing my participation in, and ensure the receipt of academic credit for my program, including the release of an academic transcript to my home campus upon program completion to an address I provide.

I understand that copies of the medical and academic records submitted as part of my application or acceptance procedures may be provided to the overseas program staff or the overseas institution that I will attend and, though we request that all records be kept in the strictest confidence, once sent, these records will be subject to the laws of the country they reside in. I waive any requirement that I be furnished a copy of these records prior to or concurrent with their release.

This *Agreement/Release Form* remains effective until my relationship with SUNY is terminated, judicial actions resolved, financial accounts are settled, and grades recorded, with the exception of Section F, which remains in force until rescinded in writing for specific images or quotes.

I agree that the terms of this *Agreement/Release Form* are to be construed under the laws of the State of New York, and that if any portion thereof is held invalid, the balance thereof shall, notwithstanding, continue in full legal force and effect. In signing this document I hereby acknowledge that I have read this entire document, that I understand its terms, that by signing it I am giving up legal rights I might otherwise have, and that I have signed it knowingly and voluntarily.

I hereby acknowledge that I have read, understand, and will abide by each of the terms and conditions of this *Agreement/Release Form* and terms of participation.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

FULL NAME (printed): \_\_\_\_\_

PARENT            or            GUARDIAN'S            SIGNATURE            (if            under            age            18)  
\_\_\_\_\_

9/21/2012