

University Study and Service Abroad Application Form

Study Abroad Program and Dates: _____

Name: _____ DOB: _____

Mailing Address: _____ City/State: _____ Zipcode: _____

Phone Number: _____ Email Address: _____

Subscribe for email updates? Yes No Passport ID required (Attach a copy)

Select one of the following for optional excursion add-ons:

____ Harry Potter Experience(+\$250) ____ Avant Garde Experience(+\$200) ____ None

Background/Interest in mental health field: _____

Emergency Contact Information

Name: _____ Relationship: _____

Phone Number: _____ Alternate Phone Number: _____

To Reserve Your Place: To reserve your place for a study abroad program, mail in this completed application, copy of passport, and a down payment of 50% of the program fees (plus optional excursion if selected). Full payment will be due 8 weeks prior to departure.

Cancellation Policy:

More than 90 days prior to departure – full refund less the cost of any booked airfare or events.
90-31 days prior to departure – participant forfeits 75% of the deposit and program fees.
0-30 days prior to departure – participant forfeits 100% of deposit and program fees.

Questions/Comments: email info@projectussa.org

Mail registration form and check to:
University Study & Services Abroad, Inc.
2705 E. 17th Street
Ammon, ID 83406



UNIVERSITY STUDY AND SERVICES ABROAD
INFORMED CONSENT AND RELEASE

Study Abroad Program: _____ Study Abroad Dates: _____

I _____ am choosing to voluntarily participate in a short term study abroad program through University Study and Service Abroad (USSA).

Please read the following and ensure you understand this agreement in its entirety before signing. I HEREBY REPRESENT AND AGREE AS FOLLOWS:

_____ (*initial*) PROGRAM ACKNOWLEDGMENTS: I have been fully informed and am aware of the many aspects concerning this University Study and Services Abroad program. This includes, but is not limited to, fees, air and ground travel, lodging, accommodations, itinerary, NBCC credit hours allotted, payment requirements/arrangements, and cancellation policies. I am aware that I can obtain information about frequently asked questions at projectussa.org/faq. I understand that USSA may modify travel, accomodation, or program activities as deemed necessary without my consent.

_____ (*initial*) PARTICIPATION RESPONSIBILITIES & CONDUCT: I agree to abide by all program requirements, standards, and instructions, participating fully in all activities as outlined in the itinerary for this USSA program. I understand that my participation is crucial to the success of this USSA program and assume full responsibility for my conduct. I further understand that narcotics and/or other controlled substances are strictly prohibited from being in possession of, less a legally written prescription administered as prescribed. I understand that violating this agreement may result in USSA imposing restrictions, including, but not limited to, revoking credit hours, restricting participation, dismissal, or early return. In addition, I agree that all expenses incurred from restrictions being enforced due to violating this agreement are solely my responsibility.

_____ (*initial*) CONSENT TO FOREIGN JURISDICTION: I understand that each country maintains its own set of laws that may be different from my own state and federal laws. I hereby agree to abide by all laws and standards of conduct within the country that this USSA program takes place in as well as any that might conflict with my own state or federal laws. I assume full responsibility for my actions while participating in this USSA program. In the event I am cited, reprimanded, or charged with any legal issues within the program country, I agree to personally address the issue using my own finances and will not hold USSA responsible for any portion of my legal processes.

_____ (*initial*) LIABILITY FOR EXPENSES: I understand that I am liable for all expenses, fees, and costs associated with this USSA program. I understand that optional excursion add-ons, food, personal, passports, and medical/travel insurances are not included in program fees. I understand that I am solely responsible for expenses due to sickness, natural disasters, weather, and any other unforeseen situations that may incur additional expenses. In the event I become separated from the group due to lack of punctuality to mode of transportation (bus, van, subway, airline) or for any reason whatsoever, I will be responsible for costs incurred to get back to the group. In addition, I understand that costs associated with loss of any kind including, but not limited to, theft, loss of luggages, damage or destruction of personal property, will be my responsibility and I will not hold USSA responsible in any way.

_____ (*initial*) **ACCEPTANCE OF RISKS:** I understand that there are certain risks that cannot always be avoided when participating in USSA programs. These risks may include personal injuries, damage or theft of belongings, death, or exposure to illness due to negligence of self/others, food consumption, travel/terrain conditions, criminal/terrorist activities, negligent medical/first aid procedures, weather conditions, foreign, political, social, and/or economic conditions, and/or other risks that are not foreseeable at this time. I commit to making myself aware of travel warnings and travel alerts where the program is being held. I voluntarily accept all risks, both foreseeable and unforeseeable, and agree to not hold USSA responsible in any form for any injury, illness, property damage, or death that I might sustain while participating in this study abroad program.

_____ (*initial*) **ACCEPTANCE OF THIRD PARTY RISK:** I understand that USSA in no way represents transportation carriers, hotel(s) and or other lodging providers, and any other services connected with this study abroad program. I further understand that USSA is not responsible for any injury, damage, loss, or other incidentals that may be caused by any service provider(s) in connection with this study abroad program.

_____ (*initial*) **PERSONAL MEDICAL RESPONSIBILITY:** I understand that I am expected to consider my medical (physical, mental, emotional) needs and limitations and do not feel that my medical needs or limitations will restrict my participation in this USSA program. I understand that it is my responsibility to make arrangements for medical/health/travel insurances or any other types of assistances I deem necessary to participate in this program. I agree that it is my responsibility to consult with a medical professional and receive recommended immunizations for the country in which the program takes place. I also understand that USSA is not obligated to provide medical, health, or travel insurance of any kind. In the event that I require medical intervention within or outside the United States, USSA is not responsible for expenses incurred and I release USSA from all liability.

_____ (*initial*) **PHOTO RELEASE:** I grant USSA permission to use photographs, videos, voice, or other digital media taken of me during this study abroad program for publications including but not limited to web-based publication, flyers, radio, television, print or other forms of advertising without payment or other consideration.

_____ (*initial*) **DISCHARGE AND RELEASE:** I hereby fully release, waive, discharge, and commit to not institute any legal proceeding or bring any claims against USSA, its employees, board members, and/or other agents for any and all liability that may arise from any personal injury, property damage, or death that I may experiences as a result of my participation in this program.

I have read this agreement and fully understand and agree with its terms. I am aware that this agreement includes a participation responsibilities, release and waiver of liability, and assumption of risk. By signing this agreement, I recognize that I am giving up many rights and am signing this document voluntarily.

Participant Name: _____ Date: _____