

Suffolk University Participation and Indemnification Form

All Applicants Must Complete This Form

Suffolk University offers its students the opportunity to participate in a number of programs of study in other countries. Some of these study abroad programs are offered through Suffolk University facilities and others are provided through the facilities of foreign universities. Any student wishing to participate in study abroad must take into consideration the risks involved in doing so. It is neither physically possible nor economically feasible for Suffolk University to act as the guarantor of the safety of students studying in Spain. Therefore, Suffolk University can only make study abroad programs available to students who expressly agree to accept responsibility for their safety while studying abroad.

Submission of this document with all required signatures is an essential part of demonstrating eligibility to participate in the study abroad program and serves three important purposes. The first is confirmation that the student whose parents/guardians sign the form is permitted to take part in a study abroad program. The second purpose is to state the agreement of the student's family and Suffolk University as to the allocation of the risks of 1) the student's travel to Madrid while in the country; 2) living away from home during the period of study abroad in an unfamiliar location; and 3) participating in the activities that make up the study abroad program. The third purpose is confirmation that Suffolk University has parental authorization to obtain emergency medical care for the student should it become necessary during the course of the study abroad program. Please read the language of these three provisions carefully and do not hesitate to call the Madrid Campus Director of International Programs, Cristina Grasset at +34 91 5335935, if you have questions. It will not be possible for a student to participate in a study abroad program unless this form is returned with appropriate signatures at all three required locations.

Students considering participation in study abroad programs should be aware that Suffolk University cannot guarantee that all advertised offerings will be available as described or without alterations and that between the printing of a catalog or brochure describing a program and a date of enrollment, foreign universities may make unannounced changes in course offerings and prices and/or foreign affairs considerations may require deletion of a program. Suffolk University must therefore retain the right to alter the content of and fees for study abroad programs without notice.

1. Parental Permission to Participate

As a custodial parent/guardian of (please print student's name)

I have given her/him my permission to participate in the Suffolk University study abroad program in Madrid, Spain.

Before signing this permission form, I had the opportunity to satisfy myself as to the adequacy and safety of the arrangements for the study abroad program at the host institution. I am familiar with the mental and physical health of my child ward and his/her ability to travel to unfamiliar places and be exposed to people of different ethnic, cultural, and linguistic backgrounds. My permission for my child to participate is based upon my belief that she/he has the maturity and self confidence to be able to respond appropriately to the challenges that he/she will encounter during the study abroad program, as they have been described in the printed materials that I have been given.

X

Signature of Parent/Guardian

Date

Print Full Name of Parent/Guardian

In consideration of Suffolk University's willingness to allow me to participate in a study abroad program, I agree to comply with the rules for student conduct and good citizenship established by Suffolk University and the foreign institution I will be attending. I understand that failure to do so can lead to disciplinary sanctions, including required withdrawal from the program. I also understand that I will bear the financial cost of any such disciplinary sanctions, including lost tuition and repatriation.

X

Signature of Student

Date

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2. Risk Shoring And Indemnification Agreement.

I/we recognize that there are risks to a student's person and property involved in air travel, surface transport and in staying in hotels, hostels, dormitories and private homes in an unfamiliar foreign country. I/we also understand that Suffolk University could not afford to offer a broad range of study abroad programs if it was required to bear the sole financial responsibility for those risks. Therefore, in order to induce Suffolk University to make the program available to me/my child/ward, I/we agree to share the risk of loss arising from injury to me/my child/ward and/or her/his property with Suffolk University by entering into this indemnification agreement in which I/we accept responsibility for all losses except those caused exclusively by the negligence of Suffolk University and/or its agents.

I/we have reviewed the plans for the program and recognize that use of regularly scheduled airlines to provide transportation between our home and foreign countries involves risks to person and property, which may include serious injury and death, and I/we agree to accept those risks. From my/our review of the plans for the program, I/we am/are aware that I/my child/ward will also be exposed to the risks of surface travel in cars, trains, taxis and buses while participating in the program, and I/we accept the responsibility for those risks. I/we have reviewed the arrangements for the program and understand that I/my child will be staying in various kinds of public accommodations with other students from the host country and other countries, and I/we accept the risk that injury may occur to me/my child while living in those accommodations, I/we have also reviewed the description of the academic and extracurricular programs that will take place during the program and recognize that attending classes and student activities and sightseeing in foreign countries will expose me/my child/ward to the risks inherent in those activities, and I am willing to accept responsibility for those risks.

I/we understand that participants in the program will be exposed to foreign countries with different standards, laws, and customs, with which participants will be expected to conform, even if very different from conditions in the United States. I/we understand that neither Suffolk University nor the host will provide or be responsible for the cost of criminal or civil legal proceedings, fines or representation by an attorney.

I/we confirm to Suffolk University our acceptance of the obligation to pay for any medical treatment that the student may require while participating in the program,

and also confirm that I/we have obtained all the insurance to cover medical costs, including evacuation to the United States, that I/we feel is necessary and appropriate.

On the basis of any review of the plans for the program, and to induce Suffolk University to allow me/my child/ward to participate in the program, I,

print the student's name

and for myself and my heirs, successors and assigns, and I, in my capacity as parent/ward of the student just named, agree to indemnify Suffolk University and the host and their trustees, governing bodies, officers, employees and agents (the "Indemnitees") for any sums of money for which the Indemnitees may become liable as a result of any claim, suit or cause of action that I or my heirs, legal representatives, successors and assigns or I as representative of my child/ward may have, now or in the future, arising out of my/my child/ward's participation in the program, unless the claim, suit or cause of action arises solely and exclusively from the negligence of the Indemnitees, which I have not waived or released by signing this form.

I/we have read all of this Parental Risk Sharing and Indemnification Agreement, and I/we have satisfied myself/ourselves that I/we understand what it means.

Signature of Student

Date

Print Full Name of Student

Signature of Parent/Guardian

Date

Print Full Name of Parent/Guardian

NAME

SUFFOLK ID

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3. Medical Treatment Authorization

As the parent/guardian of (*please print the name of the student*),

a student participating in the program, I authorize physicians employed by Suffolk University and/or the host or engaged by Suffolk University and/or the host to provide medical care to my child/ward while he/she is away from home and participating in the program, including examining, treating and prescribing medications for his/her care. I understand that Suffolk University and/or the host will, to the greatest extent possible, consult with me concerning the reasons for and effects of all such care. Recognizing that it may be impossible to reach me in situations in which the physicians treating my child/ward believe that beginning treatment is medically necessary, I authorize Suffolk University to commence treatment when, in the professional judgment of the physicians involved, such treatment is medically necessary, even if I/we have not yet been consulted. In authorizing such emergency treatment I agree to accept the determination of the treating physician or surgeon that the treatment or examination rendered was medically necessary to protect the life the life, health or mental well-being of my child/ward. I give this authorization on the condition that the treating physician will attempt to contact me, if at all possible, before the treatment or examination is rendered.

Signature of Parent/Guardian

Date

Please Print Full Name of Parent/Guardian

Medical Contact Information

My child/ward is entitled to medical insurance benefits under our policy with (please print the name of your medical insurer/HMO)

Our policy is number (please provide the number of the medical insurance policy number)

In case of emergency, I can be reached at the following telephone numbers:

Daytime telephone number

Night-time telephone number

Other telephone number

Backup Contact (i.e., grandparent, aunt or uncle)

Print name of backup contact

Relationship to student

Telephone number