

APPLICATION FOR OFF-CAMPUS INTERIM

JANUARY, 2010

PROGRAM _____ INSTRUCTOR _____
Department/Number/Title

NAME _____ Birthdate _____ Sex: M ___ F ___

School Email Address _____ Year of Graduation _____ Student # _____

Major(s) _____ Concentration(s) _____

Place of Birth _____ Citizenship: USA ___ Other _____
(Please specify)

Home Address _____

_____ Cell Phone _____
City State Zip

Parent's Name(s) _____

Parent's Address _____

Parent's Email Address _____ Parent's Phone _____

St. Olaf College has my permission to provide information about my program to my parent(s). YES ___ NO ___

Name one faculty member who knows you personally: _____

Courses in the area of the above course prior to program participation:

Signature of your Academic Adviser: _____

Signature of Interim Instructor: _____

This application must be returned to INTERNATIONAL & OFF-CAMPUS STUDIES, ST. OLAF COLLEGE, 1520 ST. OLAF AV., NORTHFIELD, MN 55057-1098. An application fee of \$80.00 must be paid according to the directions listed on Page XX of this application. If you are accepted, this fee will apply toward the cost of your program. If you are accepted but decide not to participate, you will forfeit this fee. If you are not accepted, it will be credited to your comprehensive fee account.

APPLICATION DEADLINES:

Spring: May 1

SELECTION DECISIONS:

Spring: May 15

Applications received after May 1 will be processed on a rolling basis. Student will be notified of selection decision approximately 2 weeks after application is submitted.

FINAL APPLICATION DEADLINE: October 8

Notification as to whether an interim can operate with the number of students enrolled will be given on October 8.

PAYMENT SCHEDULES AND CANCELLATION FEES:

PAYMENT OF APPLICATION FEE:

1. Electronic Payment:
 - a. Go to your page on the Student Information System (SIS). Click on “Financials” on the left column.
 - b. Click the link that says Interim Off-Campus Application Fee
 - c. Complete the requested information to pay with credit card (note that Visa cards are not accepted) or payment from your bank account.
 - d. Print the confirmation page and bring it to IOS along with your completed application. (Note – you will receive an email confirmation of your payment – a copy of that email will also be accepted.)

2. If you are unable to make the payment electronically, you may go to the Business Office window to make the \$80 payment, obtain a receipt, and bring it to IOS along with your completed application.

FEES beyond the \$80 deposit will be assessed as follows:

September 30:	\$250.00 payment
October 30:	Balance of fees due as per billing from Student Accounts

Cancellation fees will be charged according to the following schedule:

On or before September 30:	\$80.00
Between October 1 and October 30:	\$250.00
Between October 31 and scheduled program departure:	Cancellation fees will be assessed as necessary and will vary depending on program and date of cancellation.

Please note that the completed signed application is considered binding and cancellations must be submitted in writing to the Director of International & Off-Campus Studies.

Academic and Disciplinary Status: Applicant should be in good academic standing with the college. Students on academic probation must be removed from that status at the end of the spring semester or make a written request for participation outlining the circumstances of their status.

Students accepted to off-campus programs must remain in good academic and behavioral standing with the College. IOS will continue to monitor academic and disciplinary status of all students accepted to an off-campus Interim and failure to remain in good standing may result in the acceptance being revoked. The student will be responsible for any and all financial penalties related to such revocation.

Philosophies, Policies and Procedures are attached. You must read and review before signing this application.

Agreement Form: to be signed by applicant and applicant's parent and submitted to International & Off-Campus Studies with the application or as soon thereafter as possible.

Conditions of Participation forms: to be signed by applicant and applicant's parent and submitted to International & Off-Campus Studies with the application or as soon thereafter as possible.

Authorization for Medical Treatment form: to be signed by applicant and applicant's parent and submitted to International & Off-Campus Studies with the application or as soon thereafter as possible.

Consent to Release of General Information: Sign and submit to International & Off-Campus Studies.

Transcript: An unofficial transcript, to be used in the selection process, must be attached to this application when submitted to International & Off-Campus Studies.

My signature below signifies:

- a. that I authorize the International & Off-Campus Studies Office to obtain information pertaining to me and my application for a St. Olaf sponsored Off-campus Interim from my academic advisor, the chair of my major department and the supervisor/instructor of any St. Olaf off-campus program(s) in which I have participated.
- b. that I have studied the terms of the application stated herein and outlined in the Off-Campus Interim brochure and agree to abide by them, and
- c. that I have read the Philosophies, Policies and Procedures attached and agree to abide by them, and
- d. that I agree to attend the International & Off-Campus Studies Orientation on November 11, 2009 and other Orientation meetings as may be scheduled by the faculty leader, and
- e. that I authorize International & Off-Campus Studies to release my name, as deemed appropriate, as an applicant to or participant in this off-campus program. This includes, but is not limited to, selection committees, host institutions, and other members of the group.

Signature of Student _____ Date _____

NOTE: Acceptance to the program means that you are officially registered. You will not need to go through the registration process.

PLEASE ATTACH AN UNOFFICIAL TRANSCRIPT

Directions for running a copy of your unofficial transcript by using Netscape are listed below:

1. Go to the *St. Olaf Homepage*.
2. Under *Quick Links* go to *Student Information System*
3. Fill in your *login name* and *password*
4. Select *Grades*
5. Select *All Years and Terms*
6. Print
7. Attach to this application.
8. Submit to International & Off-Campus Studies Office.

CONSENT TO RELEASE OF GENERAL INFORMATION

I approve and consent to the Dean of Students' Office staff's contact with the Off-Campus Study Program Adviser, Program Director, Field Supervisor, Interim Instructor and/or Interim Course Adviser regarding any academic, emotional, medical or behavioral problem that I may be experiencing at St. Olaf College. I understand that this information will be shared confidentially only with the faculty member responsible for the program for which I have applied for the purpose of evaluating my qualifications for study on the program specified on this application.

Signature of Applicant

Date

Print Name

PROGRAM

If you have any concerns about this release form, please discuss them with the appropriate Dean in the Dean of Students' Office.

PROCEDURAL NOTE ON ABOVE:

When the International and Off-Campus Studies Office receives the completed applications:

1. If the above consent form is signed, the student's name will be included in a list sent to the Dean of Students Office. The appropriate Assistant/Associate Dean will place a check mark after the name of any student about whom there are concerns. The names of those students so checked will be shared with the Off-Campus Study Program Adviser, Program Director, Field Supervisor, Interim Instructor and/or Interim Course Adviser. The faculty member will contact the appropriate Assistant/Associate Dean to discuss the concerns.

2. If the above consent form is not signed, the unsigned form will be sent to the Dean of Students Office. That Office will consult with the student to discuss the reasons for a lack of signature. After this discussion, a student may sign the form, in which case the procedure listed in item 1 above is followed. If the student does not sign the form, the Off-Campus Study Program Adviser, Program Director, Field Supervisor, Interim Course Instructor and/or Interim Course Adviser will be informed that the consent form was unsigned and the faculty member will make the decision whether or not to consider the student's application.

**ST. OLAF COLLEGE
OFF-CAMPUS STUDIES
PHILOSOPHY, POLICIES, AND PROCEDURES**

PHILOSOPHY

St. Olaf College has established and approved Off-Campus programs for the benefit of students. These programs are by nature experiential; but they are also designed to be full academic experiences. The traveling, with its varied experiences, is not in itself justification for the existence of these programs. They have a solid academic base. They are often physically demanding as well.

When you accept a place on one of these programs you are agreeing to support the policies and procedures set down to help ensure the success of the program. You have a responsibility to make the program the best possible personal and academic experience by supporting the following policies and procedures. Remember that there are both freedoms and limitations involved in off-campus study.

All off-campus study programs may involve risk. It is the responsibility of students and providers to take whatever steps are necessary to minimize those risks. Every effort will be made to protect the health and safety of students on off-campus studies programs but the International and Domestic Off-Campus Office cannot guarantee a risk-free environment or accept responsibility for accidents or illnesses on a study abroad program.

POLICIES AND PROCEDURES

Students are expected to conduct themselves in a responsible and mature manner at all times. This includes being sensitive to cultural dress, norms and behavior in the sites visited. The Program Supervisor will inform students of the appropriate dress, norms and behavior in each site, and it is the responsibility of each student to adhere to these requirements.

The Program Supervisor has full authority to act on behalf of St. Olaf College's faculty and administration in any matter concerning the academic program, travel procedures, or student personnel. Should it be decided that a student must be separated from the program because of violation of rules, disruptive behavior, or conduct which could bring the program disrepute, that decision will be final. Separation from the program will also result in loss of academic credit.

TRAVEL COORDINATION

Traveling requires organization and coordination. Schedules for trips, movement at airports, and other areas concerning travel arrangements will often necessitate a certain regimentation. Students are obliged to cooperate in this regard, realizing that it is imperative to follow the directions of one person at such times.

ATTENDANCE

It is essential for students to be in attendance in all classes and other scheduled activities while on an Off-Campus program. The future of our programs depends upon the good will of our coordinators, professors, and guides off campus. St. Olaf must protect that good will by *requiring* that students be present at every scheduled class and activity. In most foreign countries, it is an insult to be absent from the classroom or scheduled activity.

DRUGS AND ALCOHOL

All U.S. legal restrictions on use of drugs apply to all St. Olaf College Domestic programs.

Foreign visitors in countries abroad are particularly vulnerable when it concerns violations--intentional or unintentional--of local rules and regulations concerning alcohol and, in particular, drugs. The process of law and punishment is far more arbitrary than within the United States and more often than not may lead to prolonged imprisonment under substandard conditions. Consequently, it is of utmost importance for the welfare of the individual that extreme caution and prudence be applied when it concerns these matters.

The use, purchase, or sale of illegal drugs (hallucinogens, narcotics, stimulants, or depressants) is a critical issue. Any student who uses, buys, or sells illegal drugs will be expelled from the program and immediately returned to the United States at his/her own expense. **One violation will be cause for removal from the program.** Separation from the program will result in loss of academic credit. The cost of legal advice, fines, and return travel must be borne by the violator.

The possession, distribution, or consumption of alcoholic beverages is prohibited on the St. Olaf campus, on land owned by the college, and in college-owned honor and language houses. The consumption of alcoholic beverages is prohibited at all college-sponsored functions, no matter where located, that include students.

St. Olaf prohibits the unlawful possession, distribution, or use of illicit drugs and/or controlled substances on any property owned by the college or in any program or activity sponsored by the college in any location.

Anyone violating college policy regarding alcohol, illicit drugs, and/or controlled substances will be subject to disciplinary action.

OPERATION OF MOTOR VEHICLES

There are risks involved in operating any motor vehicle. It is strongly recommended that students do not operate a motor vehicle in another country. Traffic laws and regulations differ from those in the United States. In some countries, an international driver's license is required. If an accident occurs, you may find yourself responsible for all damages and costs. You must therefore assume responsibility for your own safety.

VISITORS

Participants on the programs are reminded that visits by family members or friends must first be approved by the program or site director. All visitors must make their own arrangements for travel, housing and food. St. Olaf students on off-campus programs cannot offer housing accommodations, meals or participation in classes and/or field trips to non-participants without the approval of the program or site director. Any costs connected to these visits will be borne by the visitors.

INDEPENDENT TRAVEL AT END OF PROGRAM

Many students make arrangements to remain on site and/or travel rather than return directly to the United States at the end of a program. St. Olaf responsibility for students on off-campus programs ends on the last day of the program and/or at the time the group flight departs to return to the United States. Students assume full responsibility at that time.

GENERAL RELEASE

St. Olaf College reserves the right to make cancellations, changes or substitutions in case of emergency or changed conditions or in the general interest of the program.

INSURANCE

All participants should have sufficient health, accident, disability, hospitalization and personal property insurance to cover themselves during their participation in a program. None of the fees paid to St. Olaf for the Off-Campus study programs are used to pay for such insurance. St. Olaf College has no obligation to provide such insurance. Students traveling on college sponsored international programs are covered by the College's travel insurance program which includes a minimum coverage for emergency health care, emergency evacuation and repatriation situations.

HEALTH CONCERNS

It is to your advantage to provide information about current or past medical problems of which the Instructor should be aware.

In cases of illness of a group member, the Program Supervisor will consult with local medical authorities regarding hospitalization and treatment. In emergency situations the Program Supervisor will authorize required surgery, but in non-emergency situations will only order surgery upon receipt of parental authority.

If, in the judgment of local medical staff, serious illness warrants return to the student's home, the Program Supervisor will make the necessary arrangements for such return and advance funds for return travel if needed. The Program Supervisor will make clear to the person involved that such financial assistance will require repayment to the college at the earliest opportunity.

In the case of medical withdrawal, the student will receive a refund of recoverable room and board charges. The student must submit a physician's statement to International & Off-Campus Studies along with a request for the return of funds.

Note: Depending on the program, the Program Supervisor may be one of the following:

- A. Accompanying St. Olaf College Faculty Member*
- B. On-Site Program Coordinator*
- C. Program Advisor*
- D. Program Director*

**PARENT/GUARDIAN CONDITIONS OF PARTICIPATION
ST. OLAF COLLEGE
INTERNATIONAL AND OFF-CAMPUS TRAVEL PROGRAMS**

I, _____, am the parent/guardian of _____ (name of student). I consent to the participation of my son/daughter/ward in _____ (“Travel Program”), an International or Domestic Off-Campus Travel Program offered by St. Olaf College (the “College”), which I understand will necessitate travel away from the College’s campus. In consideration for my son/daughter/ward’s participation in the Travel Program, I agree to the following:

1. Risks of Study Abroad.

I understand that participation in the College’s Travel Program involves risks not found in study at the College. These risks include but are not limited to traveling to and within, and returning from, one or more foreign countries; foreign, political, legal, social and economic conditions; different standards of design, safety and maintenance of buildings, public places and conveyances; local medical practices and conditions; natural hazards; disease, illness and injury; and crime. I understand that these and other risks are further described in the U.S. Department of State Consular Information Sheet and Travel Warning for the country or countries to which my son/daughter/ward will be traveling. I have accessed the applicable Information Sheet(s) and Travel Warning(s) at <http://travel.state.gov/travel/>, or have been provided with a copy of each by the College. I have reviewed the Information Sheet(s) and Travel Warning(s) and understand that all warnings contained therein are incorporated by reference in these Conditions of Participation. I further understand that domestic travel also involves risks that in some circumstances are similar to those presented by travel abroad. I acknowledge that I am aware of these risks, that the College has no control over these risks, and that it is my son/daughter/ward’s responsibility alone to take precautions to minimize such risks.

2. Release of Claims.

With full knowledge of these risks I, on behalf of myself and my legal representatives, heirs, successors and assigns, hereby RELEASE the College, and its regents, officers, employees, agents, successors and assigns, from any and all claims (including but not limited to claims for negligence), causes of action, liabilities and costs which I or any of my legal representatives, heirs, successors and assigns may have or claim to have relating to or arising out of my son/daughter/ward’s participation in the Travel Program, including, without limitation, any and all claims and causes of action for property damage, bodily injury, illness and death, caused by, related to or arising out of any action or inaction of the College, its regents, officers, employees or agents, except for such damages or injury as may be caused by the gross negligence or willful misconduct of the College, its regents, officers, employees or agents.

3. Indemnification.

I agree to indemnify, defend and hold harmless the College, and its regents, officers, employees, agents, successors and assigns, from any and all claims, liabilities and costs asserted by or on behalf of my son/daughter/ward or any of my son/daughter/ward’s legal representatives, heirs, successors and assigns, or by or on behalf of me or any of my legal representatives, heirs, successors and assigns, within the scope of the release in Paragraph 2 above.

4. Independent Travel.

I give permission for my son/daughter/ward to travel independently on weekends and academic holidays at his/her own expense during the period covered by the Travel Program and after the conclusion of the Travel Program. The College is not responsible for my son/daughter/ward while he/she is traveling independently.

5. Health and Safety.

A. I represent that my son/daughter/ward has no health-related problems or concerns that would preclude or restrict his/her participation in the Travel Program.

B. I understand that if the Travel Program in which my son/daughter/ward is participating is scheduled to last longer than one month, my son/daughter/ward is required to have a physician complete the Report of Medical History form to be provided by the Office of International & Off-Campus Studies, and return it to the Office of International and Off-Campus Studies at least 60 days prior to departure.

C. My son/daughter/ward has sufficient health, accident, disability, hospitalization and personal property insurance to cover any injuries, illnesses or property damage that my son/daughter/ward may sustain or experience during his/her participation in the Travel Program. The College is not responsible for providing health or accident insurance benefits for my son/daughter/ward in connection with the Travel Program.

D. I authorize any representative of the College to secure dental and medical treatment for my son/daughter/ward if he/she is injured or becomes ill while participating in the Travel Program, including without limitation anesthetic and surgical treatment, and to sign authorization forms necessary to obtain the treatment. I assume full responsibility for all costs relating to or arising out of the treatment.

6. Standards of Conduct.

I understand that the College has the authority to establish rules for the operation of the Travel Program, and that my son/daughter/ward is expected to comply with those rules. I further understand that the Travel Program Supervisor may terminate my son/daughter/ward's participation in the Travel Program for violating the rules or for behavior which is disruptive or which could affect adversely the reputation of the Travel Program. If my son/daughter/ward's participation in the Travel Program is terminated, he/she will receive no academic credit and will return home at his/her own expense with no refund of fees.

7. Governing Law. I agree that these Conditions of Participation will be governed by the laws of the State of Minnesota and that the venue for any legal proceedings relating to these Conditions of Participation shall be in the state of Minnesota.

I have carefully read this Parent/Guardian Conditions of Participation and the Student Conditions of Participation that my son/daughter/ward, with my permission, has signed. I understand that, by signing these Conditions of Participation, I am giving up legal rights and remedies that might otherwise be available to me. I acknowledge that I have the right and the opportunity to consult with an attorney or other advisor of my choice prior to signing this document. I understand these Conditions of Participation and voluntarily agree to be bound by them and the provisions of the Student Conditions of Participation.

Date: _____

Signature of Parent/Guardian

Printed Name

Home Address _____

Phone # _____

Health Insurance Provider _____ Policy # _____

Keep one copy for your records.

STUDENT CONDITIONS OF PARTICIPATION
ST. OLAF COLLEGE INTERNATIONAL AND OFF-CAMPUS TRAVEL PROGRAMS

I, _____ (“Student”), wish to participate in _____ (“Travel Program”), an International or Domestic Off-Campus Travel Program offered by St. Olaf College (the “College”). I understand that I have the opportunity to gain academic credit through enrollment in the Travel Program. I realize that if I do not sign this document, and comply with all its terms, I will not be permitted to participate in the Travel Program. In consideration for my participation in the Travel Program, I agree to the following:

1. Risks of International and Off-Campus Study.

I understand that participation in the College’s Travel Program involves risks not found in study at the College. These risks include but are not limited to traveling to and within, and returning from, one or more foreign countries; foreign, political, legal, social and economic conditions; different standards of design, safety and maintenance of buildings, public places and conveyances; local medical practices and conditions; natural hazards; disease, illness and injury; and crime. I understand that these and other risks are further described in the U.S. Department of State Consular Information Sheet and Travel Warning for the country or countries to which I will be traveling. I have accessed the applicable Information Sheet(s) and Travel Warning(s) at <http://travel.state.gov/travel/>, or have been provided with a copy of each by the College. I have reviewed the Information Sheet(s) and Travel Warning(s), and understand that all warnings contained therein are incorporated by reference in these Conditions of Participation. I further understand that domestic travel also involves risks that in some circumstances are similar to those presented by travel abroad. I acknowledge that I am aware of these risks, that the College has no control over these risks, and that it is my responsibility alone to take precautions to minimize such risks.

2. Standards of Conduct.

A. If I am traveling abroad, I understand that each foreign country has its own laws and standards of acceptable conduct, including but not limited to those relating to religion, dress, manners, morals, politics, drug use and general conduct. I recognize that conduct contrary to those laws or standards could jeopardize my own health and safety, as well as the College’s relationships with the country and its institutions. I will become informed of, and abide by, all applicable laws and standards for each country to or through which I will travel during the Travel Program.

B. I will also comply with the College’s rules, standards and instructions for student behavior. I agree that the College has the right to enforce these rules, standards and instructions and that it may impose restrictions, up to and including my removal from the Travel Program, for any violation of these rules, standards and instructions, or for any behavior that it, in its sole judgment, deems detrimental to or incompatible with the interest, harmony and welfare of the College, the Travel Program or other participants. I understand that if my participation in the Travel Program is terminated, I will receive no academic credit, and I consent to returning home at my own expense, with no refund of fees.

3. Release of Claims. _____ (Applicant’s Initials)

I understand that there are unavoidable risks in overseas and domestic travel. I agree, on behalf of myself and my legal representatives, heirs, successors and assigns, to assume all the risks and responsibilities surrounding my participation in the Travel Program. **I, on behalf of myself and my legal representatives, heirs, successors and assigns, hereby RELEASE the College, and its regents, officers, employees, agents, successors and assigns, from any and all claims (including but not limited to claims for negligence), causes of action, liabilities and costs which I or any of my legal representatives, heirs, successors and assigns may have or claim to have relating to or arising out of my participation in the Travel Program, including, without limitation, any and all claims and**

causes of action for property damage or bodily injury, illness and death, caused by, related to or arising out of any action or inaction of the College, its regents, officers, employees or agents, except for such damages or injury as may be caused by the gross negligence or willful misconduct of the College, its regents, officers, employees or agents.

4. **Indemnification.**

I agree to indemnify, defend and hold harmless the College, and its regents, officers, employees, agents, successors and assigns, from any and all claims, liabilities and costs asserted by or on behalf of me or any of my legal representatives, heirs, successors and assigns within the scope of the release in Paragraph 3 above.

5. **Independent Travel.**

Any independent traveling I do on weekends and academic holidays during the period covered by the Travel Program and after the conclusion of the Travel Program will be at my expense. The College is not responsible for me while I am traveling independently.

6. **Health and Safety.**

A. I represent that I have no health-related problems or concerns that would preclude or restrict my participation in the Travel Program.

B. I understand that if the Travel Program in which I am participating is scheduled to last longer than one month, I am required to have a physician complete the Report of Medical History form to be provided by the Office of International & Off-Campus Studies, and return it to the Office of International and Off-Campus Studies at least 60 days prior to departure.

C. I have sufficient health, accident, disability, hospitalization and personal property insurance to cover any injuries, illnesses or property damage that I may sustain or experience during my participation in the Travel Program. The College is not responsible for providing health or accident insurance benefits for me in connection with the Travel Program.

D. I authorize any representative of the College to secure dental and medical treatment for me if I am injured or become ill while participating in the Travel Program, including without limitation anesthetic and surgical treatment, and to sign authorization forms necessary to obtain the treatment. I assume full responsibility for all costs relating to or arising out of the treatment.

E. I understand that state and federal law (including but not limited to the Family Educational Rights & Privacy Act) obligates the College to keep certain information about me confidential. I also understand that certain people may want to know about my whereabouts and condition when I am participating in the Travel Program. For that reason, as to the following persons, I hereby waive my confidentiality rights as they relate to my whereabouts and condition when I am participating in the Travel Program, and authorize the College to disclose such information to (check as appropriate):

_____	My parents	_____
_____	My spouse	_____
_____	Other(s)	_____

7. Miscellaneous.

A. Representations. I have secured or will secure the signature of my parent(s) or guardian(s) on the College's Parent/Guardian Conditions of Participation form. I further acknowledge that participation in this Travel Program is not required by the College and that while I may not participate in the Travel Program without signing this Agreement, my agreement to the provisions contained in these Conditions of Participation is otherwise wholly voluntary.

B. Governing Law. I agree that these Conditions of Participation will be governed by the laws of the State of Minnesota and that the venue for any legal proceedings relating to these Conditions of Participation shall be in the state of Minnesota.

I have carefully read these Conditions of Participation in their entirety and fully understand that by signing this document, I am giving up legal rights and remedies that may otherwise be available to me. I acknowledge that I have the right and opportunity to consult with an attorney or other advisor of my choice prior to signing these Conditions of Participation.

*****Note: The Student's parent/guardian must complete the Parent/Guardian Conditions of Participation*****

DATE

Printed Name

Signature

Home Address

City, State, Zip Code

Telephone Number

Keep one copy for your records.

AUTHORIZATION FOR MEDICAL TREATMENT

I, _____ hereby authorize any representative of St. Olaf College (the “College”) to secure dental and medical treatment for me if I am injured or become ill while participating in a domestic or international travel program sponsored by the College, including without limitation, anesthetic and surgical treatment. I agree that in such case, the College representative may sign all authorization forms necessary to obtain the treatment. I assume full responsibility for all costs relating to or arising out of the treatment.

Student Name

Signature

Date

I, _____, the parent/guardian of _____ (name of student), hereby authorize any representative of St. Olaf College (the “College”) to secure dental and medical treatment for my son/daughter/ward if he/she is injured or becomes ill while participating in a domestic or international travel program sponsored by the College, including without limitation, anesthetic and surgical treatment. I agree that in such case, the College representative may sign all authorization forms necessary to obtain the treatment. I assume full responsibility for all costs relating to or arising out of the treatment.

Parent/Guardian Name

Signature

Date