I have been approved and wish to participate in the International Programs course (Travel Study) approved and offered through Winona State University, Minnesota State Colleges and Universities System. I understand this International Programs course is subject to the System Procedure 5.19.3, which prohibits travel to countries that are under a State Department Travel Advisory and other applicable policies and procedures to manage health and safety risks. In consideration for the opportunity to participate in this program, I understand and agree that:

1. **Academic and Financial Requirements.**

1.1 I am responsible for all academic requirements, including, but not limited to, classroom work, assignments, projects, and field trips.

1.2 I am responsible for payment of all program fees, course fees, tuition, and travel expenses and understand that Board Policy 5.12 and implementing system procedures may apply, as appropriate. I understand that all tuition, fees, and travel expenses must be paid no later than three (3) weeks prior to the date of departure. Failure to pay will result in my ineligibility to participate in the travel study course. If I am receiving financial aid, I must submit a statement from the Financial Aid Office to the International Programs Office, stating the amount of aid that I will receive. I further understand that I am responsible for any International Programs costs not covered by financial aid.

1.3 I understand that if I cancel, I must do so in writing to the International Programs Office. I understand that I will be charged a nonrefundable fee of $500 plus any additional expenses incurred by Winona State University on my behalf for the International Programs course.

1.4 I understand that, for International Programs, I will be provided with international health insurance coverage as part of the program fees/tuition which I pay for this activity, or I will be required to purchase international health insurance coverage through the International Programs Office on my campus. This coverage includes major/medical health and/or repatriation/medivac insurance. I am responsible for any additional insurance that I may elect.

For domestic travel, I understand that I must submit proof of health insurance or purchase the student health insurance plan provided by Winona State University.
2. Health Factors/Reasonable Accommodations.

2.1 I am responsible for submitting complete and accurate medical information as may be required for this program.

2.2 I am responsible for requesting reasonable accommodations related to a disability in a reasonable time frame prior to departure. I understand that I must provide Winona State University’s Disability Services Office with documentation of my disability to be considered for accommodations. I further understand that my requested accommodations may not be available at the study site(s) but that reasonable efforts will be made to provide alternative accommodations if possible.

Please note that some of the host country’s attractions, walkways, and modes of transportation may not be accessible according to ADA standards. Course participants may be expected to climb narrow and winding stairs, walk significant distances on cobbled streets, and travel on buses, trains, etc. without some of the more accessible features available in the United States.

Please contact your course instructor with any questions or concerns.

Winona State University will endeavor to provide reasonable accommodations to individuals with disabilities interested in participating in this program. If you require accommodations for this program, please contact Disability Services at 507-457-5878 or by email at ds@winona.edu.

2.3 I understand that if I do not make my medical and psychological needs known in a timely manner, this may delay my participation in this program until reasonable accommodations can be determined.

3. Personal Behavior.

3.1 I am subject to Winona State University’s Student Conduct Policy and Academic Integrity Policy while participating in this program and all rules of conduct specifically established for this activity. I understand that if I violate the Student Conduct Policy, Academic Integrity Policy, or program rules of conduct, I may be expelled from the program, lose all academic credit for the course, and remain responsible for full payment of all fees and transportation costs to return home.

3.2 At all times during my travel with the program, I agree to be in possession of a valid U.S. passport or, if not a U.S. citizen, a valid foreign passport or official travel document, and any visas or other immigration documents required for entry into a foreign country and re-entry into the United States. In the event that I am prevented from traveling with the group at any time due to my failure to be in possession of all necessary documents, I understand that I shall bear responsibility for all costs incurred to seek out, contact and reach the group, obtain accommodations during periods of delayed departure from any location, or return home.
3.3 I may not purchase, possess, and/or use any illegal or unauthorized drugs during the duration of the program, including free time. This ban covers drugs that are illegal in the United States and/or the country of participation. I understand that illegal drug purchase, possession, or use jeopardizes me, other students in the program, and the program itself. I understand that violation of this rule of conduct may result in immediate expulsion from the program and loss of all academic credit for the program. I further understand that I would remain responsible for the full payment of all program fees.

3.4 I understand that neither the program nor the U.S. Embassy can obtain release from jail if I am jailed for any reason.

4. **Travel Risks and Waiver.**

4.1 I am responsible for informing the faculty member in charge of the International Programs course or Winona State University’s International Programs Office of any plans to travel during free time before, during, and after the period of the program. I understand that neither Winona State University nor its staff, agents, or representatives are responsible for any travel in that I choose to conduct which is not with the group or is outside program requirements.

4.2 I understand that there are unavoidable risks in travel abroad. I acknowledge that I have been provided website information for U.S. Consular Information (http://www.travel.state.gov), as well as the Centers for Disease Control (http://www.cdc.gov/) information (including suggested or required vaccinations), on travel to, in, and around, my program site country; that I am aware of and understand the risks and dangers to my own health and personal safety posed by the use of public transportation to and from and in my site country, by domestic or international terrorism, and by civil unrest, political instability, terrorism, crime, violence, and disease in my site country. 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 my site country.

4.3 I understand that political, social, and/or public health circumstances can change quickly in a country and that it may be necessary for Winona State University to suspend a learning abroad program for health or safety reasons before the program term ends.
4.4 Waiver. I, individually, and on behalf of my heirs, successors, assigns, and personal representatives, release the Minnesota State Colleges and Universities, Winona State University and its staff, agents, and representatives, from any and all liability whatsoever for damages, losses, or injuries (including death) that I may sustain to my person or property, arising out of, resulting from, or occurring during my participation in the travel study program or any travel incident thereto, except where such damage, loss or injury is the result of the intentional or reckless conduct of the Minnesota State Colleges and Universities, Winona State University, its staff, agents, or representatives. This release applies to any loss of property, injury, illness, or death due to theft or other crimes committed by persons other than the employee or agents of Minnesota State Colleges and Universities of Winona State University political unrest, use of modes of transportation, and activities on the part of fellow participants, host family members, agencies, and organizations, persons, or groups with which Minnesota State Colleges and Universities or Winona State University contracts or recommends for the provision of services for the program. This release further applies to any independent travel or optional activities or sojourns that I may undertake during my experience abroad. This release does not apply to intentional, willful, or wanton acts of Minnesota State Colleges and Universities or Winona State University, or its employees or agents.


5.1 I authorize Winona State University or its agents to secure medical treatment on my behalf in the event of a health emergency, and I accept financial responsibility for such medical treatment. I also authorize them to transport me back to the United States by commercial airline or otherwise for medical treatment. I agree that I am fully responsible for any and all expenses, including transportation costs, associated with or in any way related to my medical care.

5.2 I also authorize Winona State University or its agents to release medical information obtained from me to a care provider or others in the event of a health emergency or as needed to provide reasonable accommodations.

Acknowledgement and Signature

I acknowledge that I have had the opportunity to review this document, including with legal counsel. This Release and Waiver Agreement represents my complete understanding with Winona State University concerning its responsibilities and liability for my participation in the program, and it supersedes any previous or contemporaneous understandings I may have had with Winona State University or its representatives, whether written or oral. I agree that this Release and Waiver is to be construed under the laws of the State of Minnesota, U.S.A., and that if any portion hereof is held invalid, the balance shall, notwithstanding, continue in full legal force and effect.
I HAVE READ THIS RELEASE AND WAIVER AGREEMENT AND ACCEPT EACH OF THE
ABOVE RESPONSIBILITIES AND VOLUNTARILY SIGN THE RELEASE AND AUTHORIZATION FOR
MEDICAL TREATMENT.

Print Name:
Last: __________________________ First: ___________________________ MI: ______
Date of Birth: ____________________________
WSU Tech ID: ____________________________ Trip Destination: ____________________________
Signature: ____________________________ Date: ____________________________

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant,
do consent and agree to his/her release as provided above of all the Releasees, and, for myself,
my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the
Releasees from any and all liabilities incident to my minor child’s involvement or participation in
these programs as provided above, even if arising from the negligence of the Releasees, to the
fullest extent permitted by law.

Parent/Guardian Print Name:
Last: __________________________ First: ___________________________ MI: ______
First Emergency Phone Number (including areas code): ____________________________
Second Emergency Phone Number (including area code): ____________________________

Signature: ____________________________ Date: ____________________________

Retain a copy for your records.