1. GENERAL PARTICIPATION:

I understand that to apply for, or participate in, an off-campus program, I must have a cumulative GPA of 2.000 or above and may not be on academic or disciplinary probation. If I am placed on academic or disciplinary probation after acceptance into a program, I will not be eligible to participate, and the Withdrawal Policy in Section 2 will apply. I acknowledge that, in addition, I must meet the requirements of the individual program I choose; for instance, if a program is limited to students in good standing in a particular major or requires successful completion of a prerequisite course, I must meet those conditions in order to participate. It is my responsibility to understand the requirements for participation and then meet them.

Signature: \_\_\_\_\_\_\_

1. PROGRAM FEES:

I understand that, if accepted into an Off-Campus J Term program, I am required to adhere to the deposit and program balance payment dates or I may be removed from the program. For spring applicants, the $500 deposit is due on May 16, 2016. The balance will be billed with fall tuition with payment due on August 5, 2016. For fall applicants, the $500 deposit is due by September 30, 2016. The remainder of the program fee is due October 9, 2015.

Signature: \_\_\_\_\_\_\_

I understand the Off-Campus J Term Program Deposit Refund Policy that follows: I understand that $200 of the $500 deposit is non-refundable. If I voluntarily withdraw from a program, I may transfer the deposit to another program to which I am accepted within the same term. In order to withdraw from all programs (not transferring), I understand that I must sign and submit a withdrawal form [(www.hartwick.edu/jterm).](file:///\\einstein.hartwick.edu\slci\J-Term\J-Term%202014\Application\(www.hartwick.edu\jterm).) If I transfer programs after October 31, I am aware that I might be charged for expenses paid on my behalf.

Signature: \_\_\_\_\_\_\_

I understand the Hartwick College Cancellation Policy that follows: Hartwick College reserves the right to cancel a program at any time for sufficient cause. In such cases, the $500 deposit can be transferred to a different Hartwick off-campus program for the same J Term, upon acceptance. If the College cancels a program and there is no other program available to me or I do not wish to transfer, the College will refund all payments I have made to Hartwick College for the program.

Signature: \_\_\_\_\_\_\_

I understand the Program Fee Adjustment Policy that follows: All program fees are estimated and subject to change due to circumstances such as currency exchange rates, unforeseen fuel surcharges and/or changes in enrollment that impact overall group pricing. As such, if necessary, Hartwick will notify me of any additional program fee charges. I will be granted two weeks from the notification date or until the last day of classes--whichever is shorter--to pay.

Signature: \_\_\_\_\_\_\_

I understand the program Withdrawal Policy that follows:

If I choose to withdraw from a program after official acceptance, I must submit a signed withdrawal form, [available online](http://www.hartwick.edu/academics/academic-support-services/psge/global-education/study-abroad-main-page/off-campus-j-term-programs/withdraw-from-a-program); refunds are only issued with a completed form and are effective the day the form is received. If I am dismissed from a program for failure to meet payment deadlines, for failure to complete any course pre-requisite, or for academic, disciplinary or health reasons, the following withdrawal policy will apply, as per the date of my dismissal.

* If the withdrawal is effective prior to September 30, 2016, I will receive $300 of the deposit, if already paid, according to the deposit refund policy above.
* If the withdrawal is effective between September 30 and November 1, 2016, I will be responsible for 30% of the program fee, including any adjustments as described above.
* If the withdrawal is effective between November 2 and December 1, 2016, I will be responsible for 50% of the program fee, including any adjustments as described above.
* If the withdrawal is effective between December 2, 2016 and the first day of the course, I will be responsible for 75% of the program fee, including any adjustments as described above.
* If I withdraw or leave the program for any reason on or after the scheduled departure date, no portion of the program fee will be refunded and any expenses incurred by me to return home are my sole responsibility, and not the College’s.
* In all cases, the College will apply amounts previously paid toward my obligation and will bill me the remaining amount due (or issue a credit where applicable).

Signature: \_\_\_\_\_\_\_

3. ASSUMPTION OF RISK, RELEASE, WAIVER AND COVENANT NOT TO SUE:

I understand that travel to and from, presence at, and participation in programs at different locations, whether within or outside of the United States, involves risks of injury and property loss or damage, including possibly short-term and long-term disability, and even death. These risks can come from causes which are many and varied, may not be presently foreseeable, and may include negligent or intentional acts or omissions of others. Among other things, I understand that the social, cultural, political, religious, governmental, health care, legal (both civil and criminal) and other systems, as well as the climate and geophysical characteristics, of the program location(s) may be different from those to which I am accustomed. For example, police, fire and other governmental systems may be inadequate by United States standards in certain countries; and the quality and availability of health care may be different than what is typically available in the United States. I voluntarily acknowledge, accept and assume all risks of my participation in the program, whether or not described above or otherwise presently foreseeable and whether or not caused by the negligent or intentional acts or omissions of others. In consideration of being allowed to participate in the program, I release Hartwick College and its trustees, officers, employees, agents and representatives from any and all claims, causes of action and damages (collectively, “Claims”) I may have in the future, waive all such Claims, and agree not to sue the College or its trustees, officers, employees, agents and representatives for any such Claims, which may arise out of my participation in the program, including without limitation, Claims resulting from the negligence of any of the aforementioned persons or entities.

Signature: \_\_\_\_\_\_\_

4. PERSONAL CONDUCT AND COMPLIANCE WITH RULES AND REGULATIONS:

Hartwick College, through its representatives, including but not limited to the Program Director(s), has the authority to establish rules of conduct necessary for the operation of the program during the entire period of the program, including free time. I understand that this is a supervised Hartwick program and that all College policies and procedures, as well as the social and behavioral standards set by the College and by the Program Director(s), are to be observed. Failure to observe these standards will result in termination of my participation in the program and/or disciplinary sanctions. The use of alcohol by underage students (dependent on host country’s legal drinking age) and/or illegal drugs during the entire period of the program, including free time, is strictly prohibited. Should a representative of Hartwick College decide that I must be dismissed from the program because of violation of the aforementioned requirements, for disruptive behavior, or for any conduct that might bring the program into disrepute or its participants into jeopardy, such decision will be final, and I will remain subject to any disciplinary sanctions that may be assessed in accordance with applicable College policies and procedures. In the event that I am dismissed and/or sent home for any reason while the program is in progress, I understand that I will return at my own expense with no refund for any portion of the program fee. Dismissal from the program will result in the loss of all academic credit for the program. I agree to respect and adhere to the laws and customs of the host location(s) and understand that violation of, or disrespect for, those laws and customs may result in my dismissal from the program as described above. Furthermore, I acknowledge that the violation of such laws and customs may have legal or other ramifications with consequences beyond the control of Hartwick College and the U.S. Government.

Signature: \_\_\_\_\_\_\_

**5. PROGRAM REQUIREMENTS:**

I understand that I am required to satisfy all program course pre-requisites as outlined in the course description, including attendance at all orientation and pre-departure meetings.

**6. INSURANCE COVERAGE:**

I understand that I am required to have accident and major medical insurance that covers me no matter where I am. I also understand that if my program takes place outside the U.S., Hartwick College will enroll me in study abroad insurance that covers medical evacuation and repatriation of remains. I agree to read the study abroad insurance policy before I leave the country (www.hartwick.edu/jterm).

7. MEDICAL TREATMENT:

I understand that all health, physical, physiological, or psychological conditions must be described on the Medical Information Sheet (online). I also understand that a failure to disclose information that might have an impact on my ability to participate fully in the program will be considered grounds for disciplinary action under the terms of the Student Handbook, which defines fraud as “all forms of dishonesty including cheating, plagiarism, knowingly furnishing false information to the College, forgery, or alteration or use of College documents or instruments of identification with intent to defraud.” In the event of illness or injury to me to such an extent that I am unable to make decisions relative to my immediate medical condition, I authorize any representative of Hartwick College to secure medical treatment on my behalf without limitation, including surgery and administration of an anesthetic. I accept all financial responsibility for such treatment, and I release the College and its related parties from any responsibility or liability arising out of such actions to the extent provided in Paragraph 11 below. I understand that the Program Director(s) has/have the right to decide if, as a result of illness or injury, I should return home before the completion of the program. If I have to return home, I will be responsible for any additional costs not covered by the study abroad insurance.

8. TRAVEL:

I understand that I am expected to travel with the group as stipulated in the course description. In order to travel independently before or after the program, I must fill out an [independent travel form available online](http://www.hartwick.edu/academics/academic-support-services/psge/global-education/study-abroad-main-page/off-campus-j-term-programs/forms) ([www.hartwick.edu](http://www.hartwick.edu)/jterm). Also, I understand that during free time within the period of this program and after the period of the program, I may elect to travel independently at my own risk and expense. I agree to inform the Program Directors(s) of my travel plans and understand that neither Hartwick College nor its trustees, agents, officers, employees or representatives are responsible for me while I am traveling independently during such free time. I must coordinate any specific individual arrangements with the Program Director(s) before final ticketing. I understand that I will be traveling during the program by various modes of transportation including but not limited to airplane, train, bus, or van, and I release Hartwick College and its related parties from any responsibility or liability arising out of such travel to the extent provided in Paragraph 11 below. If I become separated from the program group, fail to meet a departure during the program, or become sick or injured, I will at my own expense seek out transportation to meet up with the group at its next available destination. If I become sick and/or injured and am unable to continue the program, I understand that I may be asked to return home and will be responsible for the costs of doing so. Many programs use group airfares. Missing a flight could result in charges (up to the price of new ticket) that would be my responsibility.

9. UNFORESEEN CIRCUMSTANCES:

I recognize that in cases of political unrest, natural disaster or other unforeseen events, a representative of Hartwick College will attempt to take reasonable measures for the protection of program participants. I understand that Hartwick College and its trustees, agents, officers, employees and representatives assume no responsibility for damage to or loss of property, or for injury or death, arising out of such events.

10. PASSPORT, VISA, AND IMMUNIZATIONS:

I understand that for international programs, a copy of my passport (or proof of application) is required in order for acceptance into a program. I will provide a copy to the Office of Global Education and include it to complete my program application. If I don’t have a passport, I will apply for one and submit proof of passport application instead. I am responsible to determine whether or not I need a visa for travel purposes (non-U.S. citizens only). If I am required to have a visa for travel to the host location, I am responsible for securing that in a timely manner. I am responsible for all costs associated with securing a valid passport, a visa, and any immunizations that might be recommended or required.

11. ENROLLMENT:

I understand that the College reserves the right to establish the minimum and maximum enrollment for the program, to establish the selection procedures for enrollment, and to cancel a program at any time which does not have the minimum enrollment or for other reasons.

12. MISCELLANEOUS:

I understand and agree that this Agreement is to be as broad and inclusive as is permitted by the laws of the State of New York, and that if any portion of this Agreement is held invalid, the remaining terms shall continue in full force and effect. This Agreement and any obligations assumed by me in other forms or agreements related to the program are cumulative and shall not be deemed to supersede one another. This Agreement shall be binding upon me, as well as my successors, executors, personal representatives, heirs and assigns.

I have read this Agreement, thoroughly understand it, and have asked questions if I did not understand it. I understand that my parent or guardian signature is required unless I am legally emancipated under a state or federal court (with documentation) or over 21 years of age. My signature below indicates my complete and willful consent.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name of Participant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Participant Date

Billing parent / Legal guardian signature (individual who receives Hartwick bills)

As the parent or legal guardian of the participant whose signature appears above, I have read and understand the conditions outlined above and have given the student permission to participate in the program. My signature below shall constitute my agreement to the terms and conditions of this Agreement on behalf of the participant to the extent required by applicable law, as well as my agreement to the provisions set forth above with respect to any rights I may have or subsequently acquire as a result of the student’s participation.

I have read this Financial Agreement, thoroughly understand it, and have asked questions if I did not understand it. My signature below indicates my complete and willful consent to my son/daughter/ward’s participation in this program and my assumption of responsibility for all financial obligations in connection with the program. I understand that full payment of his/her College balance is required in order to participate in the program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Billing Parent Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent / Legal Guardian Signature for participants Date

under 21 years of age ­­