

**DUKE UNIVERSITY OFFICE OF STUDY ABROAD
SUMMER PROGRAM
STATEMENT OF AUTHORIZATION AND CONSENT**

Student: _____

Summer Program Title _____

The following agreement is designed to protect all participants in Duke University's study abroad programs: the students, the faculty, Duke University, its trustees, officers, agents, and employees, and the agencies and individuals cooperating with Duke University. References to 'Duke University' made in this agreement refer to all of the participants as listed above. **We require that all students and their parents/guardians sign this form to indicate their agreement and permission.**

Duke University does not discriminate against individuals who have had physical, emotional or mental disorders. A medical examination is required for those programs that are physically arduous and/or when it is a requirement of the hosting institution. **If a student has a history of any medical or psychiatric problems during the previous two years, we expect that the student will consult with a medical professional in this country before departure to discuss the potential stress and difficulty of study abroad.** The director of the program **must** be fully informed of any student's special needs before leaving on the program.

1. We understand that participation in the program is entirely voluntary and that any program of travel involves some element of risk. We agree that in partial consideration of Duke University's sponsoring this activity and permitting the student to participate, we will not attempt to hold Duke University liable in damages for any injury or loss to person or property the student might sustain while so participating; and we hereby release Duke University from any liability whatsoever for any personal injury or property damage arising from participation in the program.
2. We understand that Duke University reserves the right to make cancellations, changes or substitutions in cases of emergency or changed conditions or in the interest of the group. Should Duke University cancel the program, full refunds will be made unless the cancellation is due to political, natural, technological or other catastrophes beyond its control in which case Duke University will be able to refund only uncommitted and recoverable funds.

In addition, we understand that the program's fees are based on airfares (for certain programs), lodging rates and travel costs expected to be in force and are subject to increase.

3. We _____, (name of student) and _____(name of parent/guardian) understand that by signing the 'Commitment to Participate' form sent to students after they have been accepted to a Duke-administered summer program, the student will be obligated to pay the tuition and program fee for that program. This applies to all students, including those receiving summer financial aid through Duke.

We also understand that if an officially enrolled student withdraws from the summer program after the Friday, April 18, 2008 cancellation deadline set by the Office of Study Abroad, **but before** the start date of the summer program, the tuition and recoverable program fees will be refunded, but a **'cancellation fee' of \$1,500 for a one-course credit Duke summer program or \$2,000 for a two-course credit Duke summer program will be posted on the student's bursar account.** The student will also be held responsible for any unrecoverable program charges that exceed the cancellation fee.

4. Students are expected to comply fully with the laws and regulations of the host country regarding required travel documents such as student visas and study permits. Obtaining the necessary permission to enter or remain in a country is the sole responsibility of the student.
5. We understand that the student as a participant in a Duke University study abroad program is a representative of Duke University and the United States and by signing this agreement pledges to deport him- or herself in a manner that reflects favorably on both and upholds the Duke Community Standard. Duke University may discipline a student or dismiss him or her from the program for behavior detrimental to the program. **A dismissed student will receive no refund.** Grades reported by the program will appear on the student's Duke record in accordance with Duke grading and grade requirements as stated in the undergraduate bulletin. **Students who withdraw from a Duke-administered summer program after the program has started will not receive a refund of either the program fee or the tuition.**
6. We understand that in addition to regular classes the program includes planned lectures and excursions which are germane to the educational experience, and that the student agrees to participate willingly in such activities in addition to attending the regular classes. No pass/fail option or auditing is permitted. **Due to the intense nature of summer programs, late arrival and/or early departure will not be permitted.** No registration changes may be made after the first three class days.

7. We understand that Duke University requires that all students be covered by appropriate sickness and accident insurance and that they are financially responsible for all medical expenses. In addition, we understand that payment for medical expenses customarily will have to be advanced and reimbursement sought later from the carrier.

(Name of student) _____ is insured under policy number _____

by _____ (insuring company), for sickness and accident insurance. Date of policy expiration is

_____ ; in addition, the student hereby assumes responsibility for all medical expenses incurred by and on

behalf of the student while participating in a Duke University study abroad program.

Duke University requires that all students obtain an International Student Identity Card (ISIC), available through STA Travel (1-800-2COUNCIL or www.statravel.com). The ISIC must be purchased in the United States and must be valid throughout the dates of the program. If you obtain your card anywhere other than the Student Services Center at Duke, then you must provide the card number and expiration date to the Office of Study Abroad before departure by sending the information via fax or email.

Duke University discourages students from operating motor vehicles while abroad. Should they choose to operate a motor vehicle against this advice, we recommend that the student obtain liability and collision insurance that will cover him/her in the applicable foreign country(ies). Duke University also recommends that students insure their property from loss or theft.

8. We understand that the student must make provision before departure for continuation of medical treatments such as prescriptions or special diets. No representation can be made by Duke University with respect to accessibility to services and facilities abroad. Appropriate treatments, especially psychological, may not be as readily available abroad as in the United States.

9. In the event (I)/(we) cannot be reached to give (my)/(our) consent, (I)/(we) the undersigned parent(s)/guardian(s) of _____, hereby authorize Duke University's representative to consent for (me)/(us) to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment or hospital care deemed necessary or advisable by a licensed physician during the period the student is enrolled in the Duke program. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of Duke University to give specific consent to the diagnosis, treatment or hospital care which in the best judgment of a licensed physician is deemed advisable.

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AUTHORIZATION AND CONSENT**

PARENT/LEGAL GUARDIAN:

I certify that I am the parent or legal guardian of the student named above; that I have read the entire preceding statement and I join in all the articles of the statement without reservation, granting my consent to all actions provided for herein.

Signature of Parent/Guardian _____ **Date** _____

Address _____

Number & Street City State Zip Code

Telephone _____ E-mail _____ (if available)

Area Code Number

Signature of Student _____ **Date** _____

The signatures of both the parent or legal guardian and the student are required. Please sign this form and return it to:

Office of Study Abroad
2016 Campus Drive, Box 90057
Durham, NC 27708-0057
Tel.: 919-684-2174, Fax: 919-684-3083