



San Diego Community College District

City College · Mesa College · Miramar College · College of Continuing Education

STUDY ABROAD PROGRAM STUDENT PARTICIPATION AGREEMENT

First Name: _____ Middle Initial: _____

Last Name: _____

Abroad Location: _____

Semester: _____ Year: _____

I, the undersigned, a participant in the abovementioned San Diego Community College District's Study Abroad Program, understand and agree to the following:

1. **Course Load and Attendance**

My academic participation and performance is the most important priority of this program. As such, it is expected that I enroll in and complete a

_____ class. I understand that all classes are scheduled from _____ to _____ and that I will have daily homework. I

understand normal San Diego Community College District attendance policies as stated in the course syllabus and Policy 5070 will be adhered to and that lack of adherence to these attendance policies is grounds for dismissal from the program (loss of course credit and forfeiture of all fees paid).

2. **Limitations of San Diego City / Mesa / Miramar College Responsibilities and Liability Waiver**

Despite reasonable precautions and supervision of participants, I understand that circumstances may arise which are beyond the control of the San Diego Community College District. Among other things, San Diego Community College cannot:

- Guarantee or assure the safety of participants or eliminate all risks from the study-abroad environment;
- Monitor or control all of the daily personal decisions, choices, and activities of individual participants;
- Prevent participants from engaging in illegal, dangerous or unwise activities;
- Assure that U.S. standards of due process apply in overseas legal proceedings or provide or pay for legal representation for participants;

- Assume responsibility for the actions of persons not employed or otherwise engaged by the College, for events that are not part of the program, or that are beyond the control of the College and its subcontractors, or for situations that may arise because a participant fails to disclose pertinent information;
- Assure that U.S. cultural values and norms will apply in the host country.

Title 5, California Code of Regulations, Section 55450, states in part as follows:

All persons making the excursion on field trip shall be deemed to have waived all claims against the District of the State of California for injury, accident, illness or death occurring during or by any reason of the excursion or field trips and all parents and guardians or guardians of the student taking out-of-state excursions or fields trips shall sign a statement waiving such claims”

In accordance with Title 5, California Code of Regulations Section 55450, and in consideration of my participation in said study abroad program, I hereby release the San Diego Community College District, its officers, employees, and agents from and waive all claims for injury, accident, illness, death or property damage occurring during or by reason of said program, except for any claims based upon the fraud, willful injury to person or property, or violation of law, by the District, its officers, employees, and agents, and further agree to indemnify and hold harmless the District, its officers, employees, and agents from any claims and actions for damage or injury which any person may assert by reason of my conduct while participating in said program.

3. **Medical Authorization**

In the event of any physical or mental illness or injury, I hereby consent to whatever X-ray, examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care from a licensed physician and/or surgeon is deemed necessary for my safety and welfare.

4. **Student Conduct**

I agree to abide by the San Diego Community College District Policy 5500 Student Rights, Responsibilities, Campus Safety, and Administrative Due Process , (Code of Conduct), while participating in said study abroad program. As a representative of the SDCCD, I agree to adhere to the Code of Conduct at all times (whether enroute to or from the destination abroad, in class, in the housing accommodations, on an excursion/field trip, or on my own). I have read this document in full and understand what is expected of me. I agree that any violation of the Code of Conduct may result in disciplinary action and/or immediate termination of my participation in said program. I fully understand and agree that if my participation is terminated, I will forfeit all fees and expenses incurred and I will be responsible for any and all

additional costs incurred in returning home. I agree that I will remain in the country during the program dates. If I want to travel outside of the country, I will do so before or after the program.

5. Independent Activity and Travel

I agree and warrant that the District cannot and shall not be held responsible in any way for my safety needs or well-being during any period in which I am not directly participating in the Program. This includes, but is not limited to, “free time” (including off-hours and breaks) during the Program. I understand that the District is not responsible for any injury or loss I may suffer when I am acting or traveling independently or am otherwise separate or absent from any supervised activity. I waive and release all claims against the District that may arise at a time when I am not under the direct supervision or that are caused by my failure to remain under such supervision or to comply with such rules, standards, and instruction. I understand that any travel I do independently on my own before or after the conclusion of the Program is entirely at my own expense and liability.

6. Release of Information

I agree that all information pertaining to my participation in the study abroad program may be released to the study abroad school, San Diego Community College District’s personnel in the United States and the San Diego Community College District’s instructor accompanying the group, and/or my “home college” as needed.

7. Medical Consent after Release of Information

In the event of any medical or psychiatric emergency, I grant to the San Diego Community College District, City, Mesa, or Miramar College or any of its representatives the full authority (at my expense) to take any action deemed necessary to protect my health and safety. This includes, but is not limited to, placing me under the care of a doctor or in a hospital or returning me to my home city if deemed necessary after consultation with medical authorities.

The San Diego Community College District recommends students prepare a card with the appropriate emergency contact information and carry it at all times while abroad. I agree that it may be appropriate for the San Diego Community College District coordinator/professor, or campus administrator, to contact my emergency contact(s) should an urgent risk to my health or safety arise during the study abroad program.

In case of emergency, please contact:

_____	_____
Name	Relationship
_____	_____
Email	Phone Number

8. Consent to Release Student Educational Records

The San Diego Community College District recommends students prepare a card with the appropriate emergency contact information and carry it at all times while abroad. Each student participating in a San Diego Community College District Study Abroad Program will be required to complete a *Consent to Release Student Educational Records* and list their emergency contact in Section 3 – Third Party Designee Information, which will authorize the release of contact information in case of emergency for the duration of the study abroad program. Your campus study abroad professor will provide this form.

Under HIPAA, educational institutions are covered entities who may disclose protected health information that they believe is necessary to prevent or lessen a serious and imminent threat to a person or the public, when such disclosure is made to someone they believe can prevent or lessen the threat (including the target of the threat). Covered entities may also disclose to law enforcement if the information is needed to identify or apprehend an escapee or violent criminal.

HIPAA expressly defers to the professional judgment of health professionals in making determinations about the nature and severity of the threat to health or safety posed by a patient. OCR would not second guess a health professional’s good faith belief that a patient poses a serious and imminent threat to the health or safety of the patient or others and that the situation requires the disclosure of patient information to prevent or lessen the threat. Health care providers may disclose the necessary protected health information to anyone who is in a position to prevent or lessen the threatened harm, including family, friends, caregivers, and law enforcement, without a patient’s permission.

Source: U.S. Department of Health and Human Services website: <https://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/index.html>

I consent and grant permission to the San Diego Community College District coordinator/professor, or campus administrator to view my completed Consent to Release Student Educational Records form and contact my emergency contact (s) should an urgent risk to my physical or mental health or safety arise during the study abroad program.

Student’s Signature

Date

Student’s Printed Name

Student ID # (10-Digits)