Global Beginnings Registration Form

*Must be a Deposited Student in order to Register

__________________________
Student’s Social Security Number

Last Name   First Name   Middle Initial

Date of Birth: _________________ Citizenship: _________________________ Gender:  F   M
*Must be 18 years or older by 9/1/2011 in order to participate in Global Beginnings

Passport #   Date of Issue   Place of Issue   Expiration Date

Please check here if you will be applying for your passport: ______

Place of birth (city, country): ____________________________________________

Mailing Address   City   State   Zip

Telephone (including area code): ____________________________________ Cell: __________________________

Student’s email: ____________________________ Parent’s email: ____________________________

Diet/ health/ mobility: ____________________________________________

Study Abroad Location (Check one): ___ Strasbourg France   ___ Florence Italy___ No Preference

Which one of the following represents your preferred academic major?
X Choose one — if you check more than one, we will list you as Undeclared

Bachelor of Science

___ Athletic Training
___ Business Administration
___ Child Development
___ Early Childhood Education (N-3)
Environmental Science
Select One Program:

___ Aquatic
___ Terrestrial
___ Environmental Studies
___ Exercise Science
___ Exercise Science/Pre-Physical Therapy

Bachelor of Arts

___Art History
___ Biology
___ Biology/Pre-Med
___ Biology/Pre-Vet
___ Communication Studies
___ Creative Writing
___ English
___ History, Society and Culture
___ History, Society and Culture/ Pre-Law
___ Philosophy

Select One Concentration:
___ Ceramics
___ Painting
___ Photography
___ Printmaking
___ Sculpture
___ Undeclared

Bachelor of Fine Arts

___ Graphic Design
___ Studio Art
Select One Concentration:

___ Ceramics
___ Painting
___ Photography
___ Printmaking
___ Sculpture
___ Undeclared

Bachelor of Arts vs. Bachelor of Fine Arts degree?

BFA- focuses on intensive work in the visual arts supported by a program of general studies
BA- focuses on art and design in the context of a broad program of general studies
Colby-Sawyer College Global Beginnings
ASSUMPTION OF RISK, COVENANT NOT TO SUE AND INDEMNIFICATION AGREEMENT

STATE OF NEW HAMPSHIRE
COUNTY OF MERRIMACK

I, the undersigned, ______________________________________ (the “Participant”), am participating in the Colby-Sawyer College Global Beginnings Study Abroad Program in __________________________________________ (list preferred location) between the dates of September________ and December________, 2011. This Study Abroad Program is not a requirement of my course of study at Colby-Sawyer College and my participation in it is purely voluntary. As such, I agree to assume all risk involved with my participation in this Study Abroad Program. I acknowledge that the study abroad experience involves risks such as accidents, illness, disease, poor sanitation, inadequate medical care and facilities, terrorism, crime, the hazards of travel, natural disasters, and other hazards arising from a wide variety of events and circumstances which cannot be enumerated. I voluntarily assume all such risk.

In consideration of the professional and educational enrichment and academic credit that I will derive from this educational, and other valuable consideration the receipt whereof is hereby acknowledged, I do also hereby, for myself, my heirs, executors, administrators, and assignees, waive, release, covenant not to sue and forever discharge the Board of Trustees of Colby-Sawyer College and its members, servants and employees and the individual(s) responsible for, and employed by, the Program and their agents (each of the foregoing being hereinafter referred to as the “College”) of and from any and all manner of action or actions, causes or causes of action, including, but not limited to negligence, suits, debts, accounts, damages, claims and demands of whatsoever in law, in admiralty, or in equity or otherwise, which I have or may acquire by reason of injury, damage or harm to person while participating in said travel and/or study program or study programs, arising out of, or connected with, participation in said travel and/or study program or study programs.

Further, I agree to defend, indemnify and hold harmless Colby-Sawyer College from any and all claims, demands, and/or causes of action arising out of my own actions while participating in the Program.

I understand and agree that the College accepts no responsibility if a Program is cancelled before departure or while the program is in progress for reasons beyond the College’s reasonable control including, but not limited to, political unrest or perceived danger to participant safety. The College reserves the right to cancel or change the Program in any way accordingly, in which event the undersigned agrees to hold the College harmless for any prepaid Program fees. The College will make a reasonable effort to obtain refunds from service providers such as hotels, airlines, and dormitories of all prepaid Program expenses and, to the extent such refunds are received by the College, they will be refunded to Program participants. Fees paid will be refunded to Program participants only to the extent they are refunded to the College. I further understand that Colby-Sawyer College assumes no responsibility for financial losses of Program participants.

I understand and acknowledge that the College assumes no responsibility or liability, in whole or in part, for any delays, delayed or changed departure or arrival times, fare changes, dishonors of hotel, airline or vehicle rental reservations, missed carrier connections, sickness, disease, injuries (including death), losses, damages, weather, strikes, acts of God, circumstances beyond the control of the College, force majeure, war, quarantines, civil unrest, public health risks, criminal activity, terrorism, expense, accident, injuries, damage to property, bankruptcies of airlines or other service providers, inconveniences, cessation of operations, mechanical defects, failure or negligence of any nature howsoever caused in connection with any accommodations, restaurant, transportation, or other service or for any substitution of hotels or of common carriers beyond the College’s control, with or without notice, or for any additional expense occasioned by any of the foregoing.

I agree to abide by all deadlines for fee payment, application materials, and health documentation for my Program. I further acknowledge and accept the schedule for refunds, should I withdraw from the Program, and accept the penalties associated with late withdrawal. I understand that all withdrawals must be made in writing.

I acknowledge that I have received and read the Refund Policy Form and I agree to maintain accident, health, medical evacuation and repatriation of remains insurance in force and effect for the entire duration of my participation in the Program. I further certify that, to the best of my knowledge, I am in good health and physically capable of undertaking an intensive program of foreign study; and that any medical or health-related problems have been explicitly described to the program director in the Physician's Certification provided by me to the Program Director. I understand and acknowledge that a condition of eligibility for participation in the College’s Study Abroad Program for which I have applied is obtaining all vaccinations required for direct travel from the United States to my Program country(ies). I further acknowledge that the College strongly encourages Program Participants to obtain all vaccinations recommended for travel to the country(ies) to which I will travel as part of my Study Abroad Program experience and that illness due to failure or refusal to do so is my sole responsibility.
I consent to the giving of such medical and/or surgical care as may become necessary for my well being, should the need arise, and I understand that the cost thereof will be my sole responsibility.

I agree that I shall be subject to the supervision and authority of the faculty in charge (whether employed by the College or an independent supplier of services) and to the standards of conduct stipulated by the faculty in charge. I further acknowledge that the supervising faculty has the sole authority to make decisions regarding the continued participation of any individual in the Program whose conduct may necessitate disciplinary action. Any refund of fees shall be in the sole discretion of Colby-Sawyer College and the College reserves the right to refuse a refund. I authorize the College to communicate in emergencies with the person(s) provided in my application materials. I assume sole responsibility for my safety should I choose to arrange my own transportation for any part of the Program. Further, I understand that I may elect to travel independently at my own expense before or after the Program or during free time within the time of the Program ("Independent Travel"). I agree to inform a Program supervising faculty member of my Independent Travel plans. However, I assume all involved risk and understand that the College is not responsible for me or my safety during such Independent Travel.

The College does not guarantee that Program participants will be able to obtain documentation required for any portion of their Program-related travel. I understand that I am solely responsible for obtaining all documentation necessary for my travel in the Program including, but not limited to, obtaining a passport and any required visas. I further understand that, in the event my citizenship status requires me to obtain a visa or other documentation prior to reentry into the United States after traveling abroad, I bear the sole risk and responsibility for obtaining such documentation. Further, I agree to hold the College harmless if I am unable to obtain or lose such required documentation and, as a result, am denied reentry into the United States.

I realize that baggage is carried or conveyed at my own risk and that baggage insurance is strongly recommended. The passenger's contract ticket in use when issued shall constitute the sole contract between the airlines and me. I attest that I have received and am keeping a duplicate copy of this Release, Covenant Not to Sue and Indemnification Agreement and agree to be bound by its terms.

I give the College permission to reproduce and use for educational or promotional purposes any and all photographs, videos, movies, or sound recordings taken of me during my participation in the study abroad experience.

IN WITNESS WHEREOF, I have hereunto set my hand this _______day of___ __, 2011.

___________________________________________________ __
Participant signature     DOB
________________________________________________________________________________________________
Address    City    State    Zip Code   Country
______________________________________________
Parent/Legal Guardian signature if Participant is a minor
Medical Coverage / Evacuation & Repatriation Coverage
Mandatory supplemental health and accident insurance is provided for all participants in study abroad programs organized and managed by Colby-Sawyer College and is intended to supplement the primary health insurance policies of Program participants. In the case of an accident or other medical emergency, repatriation and evacuation coverage provides funds to pay for return travel to the U.S. The cost of supplemental medical coverage and evacuation/repatriation coverage is included in Program fees.

Refund Policy
Applicants are required to comply with the refund policies of the specific Program to which they are applying. No refunds will be given to any student withdrawing from a Program after the respective refund deadlines have passed (May 1, 2011). If a student’s participation is terminated by the Program Director (who has authority to make decisions regarding the continued participation in the Program of individuals whose conduct may necessitate disciplinary action), the student will be dismissed from the Program with no refund of fees and, further, the student will be responsible for all costs and expenses associated with his/her return home.

Colby-Sawyer College does not assume responsibility for financial risks associated with participation in its study abroad programs. If the College cancels a program before departure or while the program is in progress for reasons beyond its control including, but not limited to such things as political unrest or danger to participant safety, only those fees refunded to the College by service providers will be returned to participants. Colby-Sawyer College will make reasonable efforts to obtain refunds from service providers such as hotels, airlines, and dormitories but no refunds are guaranteed. Fees paid will only be refunded to program participants to the extent they are refunded to Colby-Sawyer College assumes no responsibility for the financial losses of program participants. In light of the forgoing, students are encouraged to consider supplemental insurance options. Such insurance is not required by Colby-Sawyer College and must be purchased on an individual basis. Some of the most common types of supplemental insurance are:

- Theft insurance: usually provides coverage for the replacement costs of items stolen while abroad, such as a passport or camera.
- Baggage insurance: usually provides reimbursement for loss, theft, or damage to baggage or personal effects. Some baggage insurance policies also provide reimbursement of expenses incurred due to lost baggage such the purchase of clothes or other items.
- Trip cancellation and trip interruption insurance: usually provides reimbursement for unused, non-refundable prepaid travel expenses in the event of trip cancellation or interruption.
- Trip delay insurance: usually helps cover costs incurred if a trip is substantially delayed (generally by 12 hours or more).
- Accidental death and dismemberment insurance: usually provides funds to the insured in the case of injury while traveling and funds to a beneficiary in the case of accidental death while traveling.

I have read and understood the above information.

Program Participant ___________________________ Date ___________________________

Parent/Legal Guardian signature if Participant is a minor ___________________________ Date ___________________________