

**Iowa State University
Study Abroad Program**

Spouse, Domestic Partner and/or Child Companion Agreement

This Agreement is required for use in study abroad group programs at Iowa State University to document the accompaniment of a spouse, domestic partner and/or child (or children) of a Program Director or Group Leader. There are three sections to this document: the Conditions of Participation; the Travel Itinerary Review; and Assumption of Risks, Release from Liability, and Indemnification. Please return the original document to the Office of Risk Management, 3618 Administrative Services Building, Ames, Iowa 50011. In addition, a copy must also be sent to the Study Abroad Center and the College administrative office for the program.

Name of Program Director or Group Leader: _____

Program Name: _____

College: _____

Destination: _____

Program Dates: Start: _____ End: _____

Print name, date of birth, and relationship of individual(s) accompanying the study abroad program:

Conditions of Participation

Please review and sign the following statement that constitutes the conditions for accompanying an Iowa State University study abroad program.

1. I understand that, as an individual accompanying an Iowa State University study abroad program, my behavior (and/or that of my child/children) reflects on the study abroad program and on Iowa State University.
2. I understand that I (and/or my child/children) may have permission to accompany the study abroad program revoked if: 1) I (and/or my child/children) engage in actions endangering myself or others, or 2) my (and/or my child/children's) conduct is considered to be detrimental or incompatible with the best interest and welfare of the program. If permission to accompany the study abroad program is revoked, I (and/or my child/children) agree to leave the study abroad program and return to the USA at my own expense.
3. I understand that I (and/or my child/children) am subject to the laws of the host country and agree to abide by those laws.
4. I understand that I am responsible for all expenses associated with my (and/or my child/children) accompanying the study abroad program, and that when possible, these expenses will not be incorporated into the study abroad program budget and will not be part of any reimbursement request or invoice that is submitted to ISU. If separating these expenses is not possible, I agree to reimburse ISU fully for any expenses incurred on my behalf (and/or my child/children's behalf) within 30 days of receiving a bill from ISU. I further agree that any non-refundable expenses for cancellation of arrangements made on my behalf (and/or my child/children) will be my sole responsibility.
5. I understand that Iowa State University reserves the right to cancel programs in the case of insufficient participation or for other reasons deemed appropriate. Iowa State University also reserves the right to make changes to the program (such as program leader) or alterations in the program's proposed schedule and itinerary.

6. I understand that all individuals accompanying study abroad programs need to be willing to learn about their host cultures and be open to new ideas even though they may be culturally challenging. I am aware that it is both inappropriate and culturally insensitive to use this time to promote religious or political agendas. Further, such behavior can cause offense and potentially place me (and/or my child/children) in harm's way. I understand that I cannot expect to change the society I am visiting and, as a representative of Iowa State University, I (and/or my child/children) should not engage in such activities. I understand that, while the USA respects the right of freedom of expression, this is not a universal right and may not be protected by law in some countries. Consequently, I will demonstrate respect for the host culture even though I may not agree with all aspects of that culture. I understand that behavior that is inconsistent with this statement may lead to the revocation of my (and/or my child/children's) permission to accompany the study abroad program.
7. I understand that my (and/or my child/children's) accompaniment of a study abroad program must not impact the program or other program participants and must not impair the operation and administration of group activities associated with the study abroad program, or otherwise infringe on other program participants. I further understand that other program participants bear no responsibility for me or for my child/children or for my interests.
8. I understand that ISU does not provide me (and/or my child/children) with coverage for international Travel/Accident medical insurance and professional travel assistance services (i.e. evacuation, repatriation, etc.), and is therefore not responsible for any accident or medical expenses incurred by me (and/or my child/children). I understand that I (and/or my child/children) must have accident/medical insurance coverage and provide documentation of the coverage (policy information). I also agree to purchase travel assistance coverage through Iowa State University for myself (and/or my child/children). I acknowledge that I must carry insurance and travel assistance identification cards for myself (and/or my child/children) with me at all times.
9. I understand that I (and/or my child/children) must be healthy and reasonably fit to safely participate in international travel activities. By signing this Agreement, I agree:
 - a. To furnish the College and the ISU Study Abroad Center with the emergency medical form and health insurance information.
 - b. That I (and/or my child/children) must arrange and meet with my physician prior to the trip for recommendations and requirements on medications or immunizations. I agree to have any vaccinations or take medications that are required for me (and/or my child/children) to safely travel. In addition, I will regularly check for information about outbreaks of infectious diseases abroad by consulting the World Health Organization's (WHO) website at <http://www.who.int/en>.
 - c. If an injury or other medical condition occurs or arises, that the Faculty Program Leader or Director has permission to provide routine first aid or seek emergency treatment. In an emergency situation, the Faculty Program Leader or Director or the Study Abroad Center staff has the authority to secure treatment, including hospitalization and to contact the individual(s) listed under Medical Emergency Contact information.
 - d. If needed, to the release of any record necessary for treatment, referral, billing or insurance purposes.
10. I understand that I must provide a copy of my (and/or my child/children's) passport(s) to the Faculty Program Leader or Director.
11. I understand that I must register with the U.S. State Department to provide travel location(s) for myself (and/or my child/children).

I have read and understand the terms and conditions governing my accompanying an ISU Study Abroad Program.

Spouse or Domestic Partner Signature
(Also serves as parental signature for minor child/children)

Date

Travel Itinerary Review by Department Chair or Unit Head
(Please Attach Itinerary and Submit Signed Agreement with Other Documents)

I have reviewed the itinerary and conditions of travel as they relate to achieving academic goals of this study abroad program including operation and administration of group activities associated with this study abroad program and do not believe that the inclusion of the spouse or family member will infringe on program participants.

Comments below:

Department Chair/Unit Head

Print Name

Title

Signature

Date

Provost/College Representative

Print Name

Title

Signature

Date

Assumption of Risks, Release from Liability, and Indemnification

Name of Program Director or Group Leader: _____

Program Name: _____

College: _____

Destination: _____

Program Dates: Start: _____ End: _____

Name, date of birth and relationship of individual(s) accompanying the study abroad program:

PLEASE READ THIS AGREEMENT CAREFULLY. It affects any rights you may have if you are injured or otherwise suffer damages while voluntarily participating in the above-named study abroad program.

In consideration for myself (and/or my child/children) being permitted to accompany this study abroad program, I agree to the following:

- Assumption of Risks:** I understand that there are inherent and unavoidable risks in travel abroad. I knowingly and voluntarily assume the known risks and all other risks that could arise during my travel to, from, in, or around my site country.
- Important Websites:** I acknowledge that I have been provided with the website addresses for obtaining information on security, safety, and health for the location(s) included in this study abroad program, and that I am responsible for reviewing this information. The websites are: U.S. State Department www.travel.state.gov
Centers for Disease Control www.cdc.gov World Health Organization www.who.org
- Orientation:** I understand that study abroad orientation is available to me, and it is my responsibility to attend.
- RELEASE OF LIABILITY:** I acknowledge that I understand and that I do hereby, for myself, the members of my family and spouse if I am alive, and my heirs, assigns, and personal representatives if I am deceased, **RELEASE FROM LIABILITY, WAIVE, FOREVER DISCHARGE, AND COVENANT NOT TO SUE** the State of Iowa, Board of Regents - State of Iowa, Iowa State University of Science and Technology, and all their officers, faculty, or employees (hereinafter referred to as "RELEASEES") whether accompanying the study abroad program or otherwise, from any and all claims, demands, actions, or causes of action on account of any injury to me or my child/children's injury or my property or on account of my death or my child/children's death which may occur from any cause during the study abroad program, or any continuances thereof; and I do hereby expressly covenant and agree to refrain from bringing suit or proceedings at law or in equity or otherwise as provided by law against any of the RELEASEES on account of any and all such claims, demands, actions, or causes of action.
- INDEMNIFICATION:** I further **AGREE TO INDEMNIFY AND HOLD HARMLESS** the RELEASEES from any loss, liability, damage, or cost, including court costs and attorneys' fees that they may incur due to my participation in the study abroad program.

IN SIGNING THIS ASSUMPTION OF RISKS, RELEASE OF LIABILITY, AND HOLD HARMLESS AGREEMENT, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing, understand it, and sign it voluntarily of my own free will; no oral representations, statements, or inducements apart from the foregoing written agreement have been made. I understand that this Spouse, Domestic Partner and/or Child Companion Agreement shall be construed in accordance with the laws of the State of Iowa. I execute this AGREEMENT for full, adequate, and complete consideration fully intending to be bound by its terms.

Spouse, Domestic Partner, Adult Child Signature (serves as parental signature for minor child/children)

Date