

Iowa State University
Study Abroad Program
Spouse, Domestic Partner and/or Child Companion Form

This form is required for use in study abroad group programs at Iowa State University to document the accompaniment of a spouse, domestic partner and/or minor 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 Waiver of Liability and Hold Harmless Agreement. Please return all completed forms to the Office of Risk Management, 3618 Administrative Services Building, Ames, Iowa 50011.

Name of Program Director or Group Leader: _____

Program Name: _____

Destination: _____

Program Dates: Start: _____ End: _____

Name 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 minor child/children) reflects on the study abroad program and on Iowa State University.
2. I understand that I (and/or my minor child/children) may have permission to accompany the study abroad program revoked if: 1) I (and/or my minor child/children) engage in actions endangering myself or others, or 2) my (and/or my minor child/children) 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 minor 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 minor 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 minor child/children) accompanying the study abroad program and that these expenses cannot be incorporated into the study abroad program budget, and they cannot be part of any reimbursement request or invoice that is submitted to ISU. I further agree that any non-refundable expenses for cancellation of arrangements made on my behalf (and/or my minor child/children) will be my sole responsibility.
5. I understand that transportation provided with program funds is available only to Iowa State University employees and students. Any exceptions to this must receive written approval from the Office of Risk Management and requires separate Release and Waiver of Liability forms.
6. 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.
7. 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 minor 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 minor 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 minor child/children's) permission to accompany the study abroad program.
8. I understand that my (and/or my minor 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 minor child/children or for my interests.

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 Form 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 of Liability, and Hold Harmless Agreement

Name of Program Director or Group Leader: _____

Program Name: _____

Destination: _____

Program Dates: Start: _____ End: _____

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

PLEASE READ THIS DOCUMENT 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 or my child or 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 countries to which I plan to travel, 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 I understand that 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' 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 as my own free will; no oral representations, statements, or inducements apart from the foregoing written agreement have been made. I execute this AGREEMENT for full, adequate, and complete consideration fully intending to be bound by its terms.

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