Suffolk University
MGIB 850 BE London
Spring 2014 Semester

Name___________________________________________________ Student ID#______________________________
Daytime Phone____________________________ Suffolk Email ___________________________________________

Please bring this form along with your passport and $500 seminar fee deposit and Registration form to Jackie Gerhold (617-573-8077), 73 Tremont Street, 12th floor. Registration MUST be done in person.

➢ Deposit must be a check or money order made out to SUFFOLK UNIVERSITY (NO CASH!)
➢ Please write your Suffolk ID number in the Memo section of the check.

Please read the following information, initial each statement and sign below if you accept these conditions

___ I understand this is a Spring semester course and will appear on my Spring 2014 schedule.

___ I understand travel for this course will be over Spring Break, March 9-16, 2014.

___ I understand that the $500 seminar fee deposit is NON-Refundable, unless Suffolk University cancels the course.

___ I understand that the total seminar fee of $3,300 includes accommodations, ground transportation, some meals, cultural visits and company visits.

___ I understand that the total fee of $3,300 does NOT include airfare or visa which are the responsibility of the student

___ I understand that Suffolk University reserves the right to withhold partial or the entire seminar fee to cover costs incurred should the student choose to withdraw from the course any time after submitting the registration form. This includes any registration or financial holds that may prevent the student from being registered in this course.

___ I understand that tuition for this 3 credit course is in addition to the global travel seminar fee.

___ I understand that Suffolk University reserves the right to make cancellations, changes or substitutions to the agenda, course, faculty, flight arrangements (if applicable), and other services, in the case of emergencies or changed conditions as deemed desirable based on the interest of the group and academic quality of the course.

___ I understand that I am responsible for having proper USCIS paperwork including a valid passport to return to the US (if international student).

___ I understand that I am responsible for having proper health insurance abroad and ensuring that my health care coverage is extended to the country of travel.

Signature ______________________________________________________________ Date:_________________________
As a student at Suffolk University, in order to participate in the travel seminar to London, United Kingdom, between March 9, 2014 and March 16, 2014, the undersigned student makes the following agreement:

The student recognizes there may be risks involved during the travel seminar. The nature of the risks may not always be readily ascertainable. Suffolk University is not prepared to analyze or make judgments of these risks for the student, nor is Suffolk University financially able to assume liability or legal responsibility for any damages suffered by a student arising out of any activities on the trip.

In addition, the University’s general liability policy covers only the employee of the University and does not extend to students. Therefore, students are wholly responsible for their own actions and realize that the University will not provide coverage for any damage they may cause to others.

The student hereby releases, disclaims and exonerates Suffolk University from any and all liability for any and all injuries, losses, damages, or other adverse consequences arising directly or indirectly from participation in the travel seminar, regardless of the source or nature of the cause thereof.

Print Name _________________________________________ Signature _________________________________

Address: __________________________________________________________________________________________ Date: ____________________________________________________________________

Emergency Contact Information:

Name: __________________________________________________________________________________________

Home Phone: __________________________________________________________________________________________

Cell Phone: __________________________________________________________________________________________

Email: __________________________________________________________________________________________
Suffolk University
WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

For Sawyer Business School Graduate Global Travel Seminars

In consideration for receiving permission to participate in a Suffolk University escorted tour program, I hereby release, waive, discharge and covenant not to sue Suffolk University, its officers, agents, faculty or employees (hereinafter referred to as the “University”) from any and all liability, claims, demands, actions, and causes of actions whatsoever arising out of or related to any loss, damage or injury, including death, that may be sustained by me, or to any property belonging to me, whether caused by the negligence of the University, or otherwise, while participating in the tour.

I am fully aware of and accept the risks of overseas flights, lengthy bus trips and travel by van, and the risks of being in a foreign country where laws and the judicial system are different from what I am accustomed to and where penalties may be harsh and constitutional safeguards may not exist. I am fully aware of the risks of acts of terrorism, knowing that these conditions may be hazardous to my personal property and me. I am also aware of all the risks of traveling alone in a foreign country, should I purposely or accidentally separate myself from my tour group or decide to remain abroad upon the end of this tour.

I am also fully aware of and accept the risks of unfamiliar diseases existing in foreign countries and the lack of medical attention available under the circumstances, and I am further aware of and accept the risks of available living accommodations, knowing that the same may be hazardous to me and my property, and I voluntarily assume full responsibility for any risks of loss, property damage or personal injury including death that may be sustained by me as a result of being engaged in such activity, whether caused by the negligence of Releasees or otherwise. And, I am fully aware of the risks to which I will subject myself and my property, should I decide to remain abroad beyond the time that the tour has come to an end, especially the risks of remaining there alone, without faculty advisers or the University sponsorship.

I further agree to indemnify and hold harmless the University and covenant not to sue the University for any loss, liability, damage or costs, including attorney’s fees that the University may incur due to my participation in this tour, whether caused by the University’s negligence or otherwise.

It is my express intent that this release, waiver and hold harmless agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased. I further agree that this document shall be construed in accordance with the laws of the Commonwealth of Massachusetts.

In signing this agreement and release, I acknowledge and represent that I have read the entire agreement, understand it and sign it voluntarily as my own free act and deed, that no oral representations, statements or inducements, apart from the foregoing written agreement have been made, that I am at the least eighteen (18) years of age and fully competent, and that I execute this agreement and release for full, adequate and complete consideration fully intending to bound by the same.

In witness whereof, I have hereunto set my hand and seal this _____ day of ___________, ________.

________________________________________
Witness Name (Please Print)  Student Participant Name (Please Print)

________________________________________
Witness Signature  Student Participant Signature