Suffolk University
SIB 550 TC3 Italy
Spring 2014 Semester

Name_______________________________________________________ Student ID# _____________________________

Suffolk Email _______________________________________________ Phone: __________________________________

Please submit 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.

➢ 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 that I should NOT rely on this course for graduation.

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

___ I understand that travel for this course will be over Spring Break, 8-16, 2014.

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

___ I understand that the total seminar fee of $3,175 includes accommodations, ground transportation and
cultural activities, business programming and most meals

___ I understand the seminar fee DOES NOT include flight and I am responsible for purchasing my own airfare

___ 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 health insurance coverage while abroad and ensuring that
my health care coverage is extended to the country of travel

Signature _______________________________________________ Date: ____________________________


Student responsibilities:

1. Attend all scheduled class sessions.

2. Pay both tuition and the seminar fee for this 3 credit course.

3. Students are required to travel with the group departing from Boston and returning to Boston.

4. Register with International SOS. Your professor will explain that you must complete both the travel section and the health care section.

5. Be on time at Logan with a valid passport for departure.

6. Maintain health insurance and carry your card. (Check to make sure health insurance covers you while you are in the countries visited on this travel seminar. You may want to consider purchasing supplemental insurance.)

7. Have your green card, if applicable.

8. Have your visa to study/work in the United States (International Students).

9. Have the immunizations for countries being visited. (Please check with your personal physician or with the Center for Disease Control, website www.cdc.gov.)

10. Have all documentation to enter all visited countries, as well as to re-enter the United States upon completion of the seminar.

11. While a participant of this course, students are fully subject to University rules, regulations, and policies. (You must adhere strictly to such rules, regulations and policies during your participation. There will be no refund for any students dismissed from the course.)

12. Students are responsible for obtaining and keeping safe passport, visa, money, traveler’s checks, jewelry, and all other property.

Signature___________________________________________________________Date:________________________
As a student at Suffolk University, in order to participate in the travel seminar to Milan, Italy, between March 9, 2013 and March 17, 2013, 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: ______________________________________________________________________________
Address: ____________________________________________________________________________
Home Phone: ________________________________________________________________________
Cell Phone: __________________________________________________________________________
Email: ______________________________________________________________________________

To be completed by the SBS Undergraduate Office:
CAS students MUST BE APPROVED by their CAS advisor!

Major:                                Year:                          ☐Sophomore
GPA:                          Comments: (Minimum 2.5 GPA required)
UG Office Signature:                           Date:
CAS Office Signature:                          Date:
Suffolk University
WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT
For Sawyer Business School Undergraduate 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 acknowledge and agree that I shall not be entitled to any adjustment or partial refund of the original tour charges should I elect to make alternate travel arrangements independently of the tour group.

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.

I further certify that I have health care coverage (and will continue to have such coverage throughout the length of this program) which covers illnesses or injury suffered while on an off campus trip.

I understand and acknowledge that the University may change the tour including the itinerary, travel arrangements or accommodations at any time for any reason and that the University will not be responsible for any resulting losses or expenses.

I understand and acknowledge that the University has the right to expel any student from the tour in its sole discretion should it deem the student’s behavior impedes or obstructs the tour.

I understand and acknowledge that the University, in its sole discretion, has the right to cancel this tour at any time and to require all participants to return to the United States, if it determines that conditions in the host countries poses a heightened potential of danger to the participants.

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 __________, ________ (date).

___________________________________  ______________________________________
Witness Name (Please Print)           Student Participant Name (Please Print)

___________________________________  ______________________________________
Witness Signature                  Student Participant Signature