



# Academic Management Manual

## Section J

International Courses

Academic  
Affairs  
2011-12

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## Introduction

The following policies, procedures and forms are to be used for any Palm Beach State College international course. An *international course* is defined as a Palm Beach State course conducted in a foreign country. These policies and procedures explain the process of how international courses are proposed, the approval process, requirements for class contact hours, responsibilities of the International Course Sponsor, responsibilities of the campus administration and incident/emergency procedures. Examples of international course forms are provided and can be downloaded from the Web. The web page for international courses is [www.palmbeachstate.edu/internationalcourses.xml](http://www.palmbeachstate.edu/internationalcourses.xml) and contains this manual and all relevant forms.

### International Course Policies:

1. The following courses may be considered for an International Course: credit courses (but not those designated as general education), PSAV courses, continuing workforce education (CCE) courses and Avocational courses. All courses, regardless of type, must follow these policies and procedures.
2. An International Course Sponsor may be a Palm Beach State administrator, a faculty member, PSAV program director, PSAV manager, PSAV instructor or PSAV program coordinator.
3. In all cases, whether the course is a new course or an existing course, the International Course Sponsor gains approval from the campus academic dean, the campus provost and the vice president of academic affairs using the International Course Approval form ([www.palmbeachstate.edu/documents/academic\\_services/international\\_form.doc](http://www.palmbeachstate.edu/documents/academic_services/international_form.doc)).
4. Existing Palm Beach State courses may be held in a foreign country, or a new course may be developed. In the case of a new course, the established Palm Beach State curriculum process must be followed ([www.palmbeachstate.edu/curriculum.xml](http://www.palmbeachstate.edu/curriculum.xml)).
5. The Board of Trustees must approve all international travel for each proposed international course, every time it is offered. If a course is cancelled and offered another semester, the Board must approve the new timeframe for offering the course. The course outline and course itinerary must accompany the District Board of Trustees approval item.
6. The International Course Sponsor's travel costs (transportation, lodging, meals, admissions, visas, other fees) are covered through student special fees associated with the course.

7. The International Course Sponsor must be familiar with these policies and procedures for International Courses. It is the responsibility of the campus dean to ensure that the International Course Sponsor is aware of these procedures.
8. All student travel arrangements are to be arranged through a travel agency or study abroad vendor and all travel costs are paid directly by the student to the travel agency and/or vendor.
9. All students must follow the Student Code of Conduct found in the Palm Beach State Student Handbook, Student Responsibilities, Section [www.palmbeachstate.edu/studenthandbook.xml](http://www.palmbeachstate.edu/studenthandbook.xml)). The College reserves the right to repatriate any student per the Assumption of Risk Agreement.
10. All students must show proof of medical insurance coverage and provide a medical affidavit signed by the student's physician.
11. All students must have a valid U.S. Passport or a valid passport from their country of origin if not a U.S. citizen. All non- U.S. citizens must show proof of having a legal right to be in the United States.
12. All students must sign, and have notarized, the International Course Release Form and Assumption of Risk Agreement. All other forms must also be completed.

### **International Course Procedures:**

1. The International Course Sponsor obtains approval for the international course using the following form: [www.palmbeachstate.edu/documents/academic\\_services/international\\_form.doc](http://www.palmbeachstate.edu/documents/academic_services/international_form.doc)). If the campus management does not approve international travel course, it cannot move forward from this point. If the campus management approves the international course, the course must be approved by the Vice President of Academic Affairs (VPAA).
2. If the international course is approved by the campus management and the VPAA, and is a new course, follow the established curriculum process ([www.palmbeachstate.edu/curriculum.xml](http://www.palmbeachstate.edu/curriculum.xml)) If it is an existing course, you may proceed to step 3.
3. Once the new course is approved through the curriculum process, or if using an existing course, complete the course itinerary form ([www.palmbeachstate.edu/documents/academic\\_services/course\\_itinerary.doc](http://www.palmbeachstate.edu/documents/academic_services/course_itinerary.doc)) to indicate how course contact hours are allocated. The itinerary must be approved by the VPAA and included in the District Board of Trustees approval packet.

4. International travel requires Board approval, per Board policy. Contact Academic Services ([gamblek@palmbeachstate.edu](mailto:gamblek@palmbeachstate.edu)) for the process for submitting an item for Board approval.
5. If the Board approves the item, the class must be added to the campus schedule to meet schedule publishing deadlines.
6. Contact a travel agency to prepare a travel package for the student.
7. Each student is required to complete the Student Information and Release Form Packet ([www.palmbeachstate.edu/documents/academic\\_services/release\\_form.doc](http://www.palmbeachstate.edu/documents/academic_services/release_form.doc)) which must be completed and submitted to the International Course Sponsor, who will provide a copy to the campus academic dean. The campus academic dean is responsible for ensuring that all students have submitted the appropriate paperwork and have medical insurance coverage for the trip. **Students must submit this paperwork prior to being allowed to register for the course.**
8. The class will have a special designator added of “IT”, International Travel Course. The students will also have this “IT” designator added to their demographic record once all paperwork is in order. Adding the “IT” special designator to the student and the class will only allow students who have all paperwork submitted and approved to enroll in the course.
9. The International Course Sponsor will work with the campus academic dean on preparing promotional materials (i.e. web page, flyers) for the course. College Relations and Marketing must approve all promotional materials. The campus is responsible for promoting the course.
10. Students must register and pay all Palm Beach State fees associated with the course. All travel fees are paid directly to the travel agency and/or vendor. Students must complete all applicable forms in their entirety.
11. A formal on-campus orientation must be held for all International Courses. All details of the trip will be reviewed with students including departure information, travel itinerary, a review of the Palm Beach State student code of conduct, health and safety issues and other information pertinent to the trip.
12. The course is subject to the normal cancellation policies of the College based on enrollment, and is the decision of the campus management.
13. Course evaluations should be conducted for the course using the existing guidelines for Student Assessment of Courses and Faculty.

14. Grades for the course must be submitted by the primary instructor of the International Course in adherence with Palm Beach State policy on grading.

**Timelines for Submission**

<b>For Courses to Be offered in Term:</b>	<b>All course materials must be submitted by:</b>	<b>DBOT Agenda Item must be submitted by:</b>
Fall Term	Second Friday in February	Third Friday in February for March DBOT meeting
Spring Term	Second Friday in September	Third Friday in September for October DBOT meeting
Summer Term	Second Friday in January	Third Friday in January for February DBOT meeting

**International Course Sponsor Checklist**

The International Course Sponsor should have the following documents along on the trip. A complete set of these documents should also be with the campus academic dean. The documents should be kept in a safe location and should not be included in checked luggage.

**Documents about the trip:**

- ✓ Travel Itinerary including flight information, ground transportation, hotels, attractions and any other planned events of the trip.
- ✓ Important Palm Beach State phone numbers (academic dean, student services dean)
- ✓ A copy of this manual

**Documents about each Student:**

- ✓ Color photo copy of the student’s passport
- ✓ International Course Release Form Packet (Forms 1-8)

## Incident/Emergency Procedures

These procedures are to be followed if a student or International Course Sponsor is injured or other emergency situations occur during a Palm Beach State International Course. If the travel occurs in a non-English speaking country and the International Course Sponsor is unable to translate the local language, the International Course Sponsor will assist the student in finding a translator. The International Course Sponsor will provide a copy of the student's release forms to the medical staff or local authorities, if required.

In all cases below, it is required that the International Course Sponsor complete the Palm Beach State accident form (<http://www.palmbeachstate.edu/x1086.xml>) and file the form upon return with the campus academic dean and the Palm Beach State safety coordinator. Additionally, the International Course Sponsor will comply with the following:

1. **For physical injury incidents:** If the physical injury requires medical attention, the International Course Sponsor will ask for local assistance in obtaining medical help. The International Course Sponsor will obtain copies of any medical reports and billing information that the student may require for insurance reimbursement. If the student is unable to pay the medical provider, notify the emergency contact person provided in the student's release form. If the injury does not require medical attention, the International Course Sponsor will complete the Palm Beach State accident form (<http://www.palmbeachstate.edu/x1086.xml>) through the Security Office to document the nature of the injury and how it was treated. Upon return from the International Course, the International Course Sponsor will file the form with the Dean of Academic Affairs at his/her campus.
2. **For medical emergency situations:** For situations that require emergency medical treatment including hospitalization, contact the student's designated emergency contact person listed in their student release form. Obtain copies of any medical reports and billing information that the student may require for insurance reimbursement. If possible, contact the student's insurance company to see what coverage may be immediately available including transportation back to the United States.
3. **For a missing person situation:** If a Palm Beach State student is missing, immediately contact local authorities and the nearest United States Consulate. Provide copies of any required information on the student. Contact a College official as soon as possible, such as the provost or academic dean.
4. **For Code of Conduct Violations:** If a student fails to adhere to instructions and direction to the extent that repatriation is required, contact a College official such as the Dean of Students at your campus to explain the situation.

5. **If a student voluntarily terminates the course:** If a student voluntarily decides to terminate the international course for personal reasons or to attend to an emergency situation in the United States, assist the student as much as possible in making travel arrangements back to the United States. Contact a College official such as the Dean of Student Services at your campus to explain the situation.
6. **For theft of personal belongings/robbery:** If a student or International Course Sponsor experiences a criminal incident, immediately report such incidents to the local law enforcement authorities. Obtain copies of any police reports for possible insurance reimbursement for property crimes.
7. **For Automobile or Bus Accidents:** If the Palm Beach State group or any of its members is involved in an automobile or bus accident, obtain copies of any police reports pertaining to the matter. If the incident involves injuries, follow the procedures outlined under medical emergency incidents.

**FORMS**

**Palm Beach State College  
Academic Affairs  
Request to Offer an International Course**

1. International Course Sponsor Name : \_\_\_\_\_
2. Course Number: \_\_\_\_\_ Title: \_\_\_\_\_
3. Term in which the course is to be held: \_\_\_\_\_
4. Is this a new course  or existing course   
(new courses will have to be approved by the Curriculum Committee)
5. Overview of the course with a brief itinerary, including countries to be visited:  
\_\_\_\_\_
6. Term: \_\_\_\_\_
7. Travel Dates: \_\_\_\_\_ to \_\_\_\_\_

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

**APPROVALS**

\_\_\_\_\_  
Campus Dean \_\_\_\_\_ Date

\_\_\_\_\_  
Campus Provost \_\_\_\_\_ Date

\_\_\_\_\_  
Vice President of Academic Affairs \_\_\_\_\_ Date

**Palm Beach State College  
Academic Affairs  
International Course Itinerary**

1. International Course Sponsor Name : \_\_\_\_\_
2. Course Number: \_\_\_\_\_ Title: \_\_\_\_\_ Reference Number: \_\_\_\_\_
3. Term in which the course is to be held: \_\_\_\_\_
4. Travel Dates: \_\_\_\_\_ to \_\_\_\_\_
5. Please indicate how standard course lecture hours or lab hours (contact hours) are to be satisfied:

Type of Activity	Hours
<b>TOTAL HOURS</b>	

6. Final Exam: Please indicate where the final exam is to be administered: \_\_\_\_\_

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

**APPROVAL:**

\_\_\_\_\_  
Vice President of Academic Affairs

\_\_\_\_\_  
Date

**Palm Beach State Study Abroad  
Form 1 – Student Information Form**

This document and its contents constitute a student record and are exempt from public records under § 1002.22 and § 1006.52, Florida Statutes. The contents of this document can only be disclosed in accordance with the Student's and/or Parent(s)/Guardian's consent.

**Complete this form and return it to the campus academic dean by \_\_\_\_\_ (date). Your campus academic dean will verify the information submitted and will provide a copy of this form to the International Course Sponsor. A color copy of your passport must also accompany this form.**

**Course Information**

Course Number \_\_\_\_\_ Instructor's Name \_\_\_\_\_

Reference Number \_\_\_\_\_

Course Title \_\_\_\_\_

Country \_\_\_\_\_ City \_\_\_\_\_

**Student Information**

Student's Name \_\_\_\_\_

Current Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Permanent Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Student Identification Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Current Citizenship \_\_\_\_\_ Passport Number \_\_\_\_\_

Current College/University \_\_\_\_\_

*Non- Palm Beach State students must submit a "transient student form" at the time of registration.*

**Palm Beach State Study Abroad  
Form 2 - Emergency Contact Information**

This document and its contents constitute a student record and are exempt from public records under § 1002.22 and § 1006.52, Florida Statutes. The contents of this document can only be disclosed in accordance with the Student's and/or Parent(s)/Guardian's consent.

Student Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

\*Health Insurance Provider: \_\_\_\_\_

Policy # \_\_\_\_\_ Phone: \_\_\_\_\_

**EMERGENCY CONTACT**

Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

I hereby certify that all of the above information given is true and accurate. I hereby consent to the College disclosing this information for the sole purpose of assessing my/student's medical needs or obtaining medical services on/my student's behalf.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent(s)/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(if student is under 18 or student has a legal guardian)

\*This information shall only be disclosed to a healthcare facility should the student require medical services and is unable to personally convey the information to the medical service provider.

**Palm Beach State Study Abroad  
Form 3 – Physician Statement**

This document and its contents constitute a student record and are exempt from public records under § 1002.22 and § 1006.52, Florida Statutes. The contents of this document can only be disclosed in accordance with the Student's and/or Parent(s)/Guardian's consent.

Date: \_\_\_\_\_

I have treated and/or reviewed the medical records of \_\_\_\_\_ and believe that he/she is physically fit and medically qualified to participate in an overseas study program. He/She presents no evidence of communicable diseases or over-fatigue or any other medical condition that would affect the quality of his/her academic performance or pose a medical danger to himself/herself or others while studying abroad.

His/Her personal health records are as follows: (Physician please take into consideration evidence of instability, headaches, allergy, insomnia, diabetes, depression, asthma, etc.)

DISEASE, OPERATION, INJURY	PERIODS OF DISABILITY
_____	from _____
_____	from _____
_____	from _____
_____	from _____

ADDITIONAL COMMENTS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In my judgment, the student is not likely to need medical or surgical attention during the proposed period of study abroad as the result of disease, operation or injury heretofore experienced.

**CONSENT TO LIMITED DISCLOSURE:**

I consent to Palm Beach State College disclosing this information for the sole purpose of assessing my/student's medical needs or obtaining medical services on my/student's behalf.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent(s)/Guardian's Signature  
(Required for students under 18 years of age, or those with a legal guardian.)

\_\_\_\_\_  
Date

**Palm Beach State Study Abroad**  
**Form 4 - Certificate of Insurance Verification (Health, Accident, Medical, Hospital)**

This document and its contents constitute a student record and are exempt from public records under § 1002.22 and § 1006.52, Florida Statutes. The contents of this document can only be disclosed in accordance with the Student's and/or Parent(s)/Guardian's consent.

I understand that I am responsible for providing coverage for health, accident, medical, hospital, medical evacuation, and repatriation insurance during the entire period that I will participate in the study abroad course for which I have been accepted. My insurance carrier has certified that I will be covered under the following current policy while traveling with this Palm Beach State study abroad course.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

If Under 18, Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_

Policy Number \_\_\_\_\_

Policy Validity Dates from \_\_\_\_\_ through \_\_\_\_\_

**Note:** If you do not currently have insurance, you must purchase adequate coverage; i.e., \$200,000 Major Medical; \$10,000 Medical Evacuation; \$7,500 Repatriation. Insurance can be purchased through companies such as International Student Health Insurance Plan [www.internationalstudentinsurance.com](http://www.internationalstudentinsurance.com) or the International Student Organization [www.isoa.org/iso-student\\_health.html](http://www.isoa.org/iso-student_health.html). It is strongly recommended that students purchase an International Student Identity Card (ISIC) that includes insurance coverage. For more information on the ISIC, call 1-800-2-COUNCIL or go to [www.ciee.org/health\\_safety/insurance.aspx](http://www.ciee.org/health_safety/insurance.aspx). Information on additional insurance coverage is available through the Academic Services Office at Palm Beach State.

**All study abroad students must be insured!**

**Palm Beach State Study Abroad**  
**Form 5- Study Abroad Course Release and Assumption of Risk Agreement**

This document and its contents constitute a student record and are exempt from public records under § 1002.22 and § 1006.52, Florida Statutes. The contents of this document can only be disclosed in accordance with the Student's and/or Parent(s)/Guardian's consent.

Student Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

I, the undersigned, a participant in a study abroad course of Palm Beach State College ("the Program"), in exchange for the permission given to me by the College to participate in the course, do waive and release any and all claims, demands or causes of actions against Palm Beach State College, its District Board of Trustees, employees and agents (together referenced as "the College) or its host institution(s) abroad for any injury, accident, damages and/or death caused by vehicles, acts of war, weather, strike, sickness, quarantine, terrorist activity, government vehicles restriction or regulation or stemming from any institute, university, or other firm, and any government or private company or individual. I also release the College and agree to indemnify them with regard to any financial obligations and/or liabilities that I may incur personally or any damage resulting from my participation in the Program. I understand and acknowledge that I am solely responsible for satisfying such financial obligations and/or liabilities. Accordingly, I waive and release all claims, demands or causes of action against the College, host institution(s) or other facilities here and abroad, for any injury, loss, damage, accident, delay or expense resulting from the use of any vehicle, any strikes, weather, sickness, quarantine, service, hotel, restaurant, school, college, or other firm, facility, company or individual.

I accept full financial responsibility for any and all direct expenses incurred from my participation in the Program, including any and all Program and instructional costs, including fees, tuition, room and board, travel, insurance and other such costs owed to either the College and/or the host institution abroad, and/or any other agent providing services to me as a participant in the Program. If I am the beneficiary of financial aid from any source, I understand that my personal financial responsibility supersedes the expectations or actuality of any disbursement of said financial aid to me and that ultimately I am fully responsible for payment of the items described in this Release.

I understand that all travel involves some risk. I hereby agree to assume such risks that are inherently part of foreign travel as a condition of my acceptance and participation in the Program. I hereby waive and release any and all claims against the College for any injuries, accidents, damages, losses and/or death incurred in connection with terrorist activities, social or labor unrest, acts of war, mechanical or construction difficulties, diseases, local laws, climatic conditions, abnormal conditions or developments, or any other actions, omissions or conditions outside of the College's control. By my participating in the Program, I voluntarily assume all risks involved in such travel and presence abroad, whether it expected, or unexpected.

I hereby acknowledge that I have been warned of such risks, and that I have been advised to take appropriate action and to govern myself accordingly. I am also aware that certain insurance companies do offer insurance against some or many of the perils noted, and that I may insure myself should I so choose.

I hereby grant the College full authority to take whatever actions they deem necessary concerning my health and I fully release the College from any liability for such decisions or actions as may be taken in connection with my health. I hereby consent to the College disclosing any and all of my medical information in its possession for the sole purpose of assessing my medical needs or obtaining medical services on my behalf. I authorize the College, at their discretion, to place me in the hospital within or outside of the United States of America ("U.S.") for medical services and/or treatment at my own or my parent's/parents'/guardian's, expense without further consent. If no hospital is readily available and I require medical services, I authorize the College to place me in the hands of a local physician for treatment. If deemed necessary or desirable by the College, I authorize the College to transport me back to the U.S. by commercial airlines or other accessible conveyance. I am, or my parent's/parent's, guardian's are solely responsible for the expenses associated with such activities. Either my parent(s)/guardian or I will reimburse any funds advanced to me for any purpose upon demand. I have been advised that I must be covered by adequate health and accident insurance, valid in and outside the U.S., during the entire period of my participation in the Program.

I agree to comply fully with the rules of the College and its host institution(s) abroad, and/or travel entities/companies. I agree that the College has a right to terminate my participation in the Program with no refund of monies paid. In the event of termination, I agree to be sent home at my parent's/parents'/guardian's or my own expense. I understand that the Program is an organized group study of the College and that group standards must be observed. Except for those periods designated as free time, I will at all times remain under the supervision of the College or host institution(s) and I will comply with the rules, standards, and instructions for student behavior. I hereby waive and release any and all claims against the College arising out of my failure to remain under such supervision or to comply with rules, standards and instructions. I agree that the College, host institution(s), travel facilitators, etc., have the right to terminate my participation in the Program at anytime for my failure to abide by Program standards or for any actions or conduct that the College or host institution(s) deem inappropriate and incompatible with the interest, harmony, comfort and welfare of other Program participants.

\_\_\_\_\_(Initials)

I also understand that I am required to abide by any and all local and international laws applicable to me doing my participation in the Program. Should I choose to violate those laws, neither the College nor the host institution is legally obligated to assist me with any civil or criminal allegations or charges against me. I also understand that the College and its host institution(s) are not responsible for any injury, damage, loss and/or death whatsoever suffered by me during periods of independent (any activity that is arranged by me and is separate from the Program or the College or doing any absence from the Program or other supervised activities) trouble, which I further understand or at my own expense. On group tours or other activities arranged by the College and/or the host institution(s), I will accept the will of the majority of the Program participants whenever a matter of choices is presented to the group.

I understand that from time to time College publicity material or that of its host institution(s) may include statements made by its students and their photograph and I consent to such use of my comments and photographic likeness. I understand that the College reserves the right to make changes, including, but not limited to: initial campus assignments, academic centers, and alterations in programs, itineraries, schedules and academic calendars as may be required. I understand the Program charges and expenses are based on applicable tariffs, international currency fluctuations, and government regulations and are subject to change depending on conditions and situations at the time of departure.

All references in this Release to the College shall also include the College’s chaperones, group leaders, faculty members, administrators, advisors, hosts, and all other institution personnel. All references to “parents” of the student/participant shall include the legal guardian and/or any adult legally responsible for the student/participant.

I possess and understand the terms and conditions set forth in the College’s descriptive information of the Program and I agree that these constitute a part of my agreement with the College. I understand and agree to all of the College’s terms and conditions set forth in this Release form. I further understand that this Release shall take effect only upon my admission into the study abroad the Program by the College.

Signature of student: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Please Print): \_\_\_\_\_

Notary : \_\_\_\_\_

I certify that I am the parent or guardian of the above-signed student, and that I have read this Release in its entirety and examined the information in the Program’s description. I hereby join in each part of the Release, including such parts as may subject me to personal financial responsibility and hereby relinquish any claims I may have against the College, as identified in this Release and set forth above, both in my own behalf and in my capacity as legal representative (as applicable) of the student/participant, including without limitation any claims arising as a result of student/participant leaving the supervision of the College or host institution(s) while in the U.S. and abroad.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Please print): \_\_\_\_\_

Notary (for signature of parent/guardian): \_\_\_\_\_

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**Palm Beach State Study Abroad  
Form 6 – Permission for Emergency Treatment**

This document and its contents constitute a student record and are exempt from public records under § 1002.22 and § 1006.52, Florida Statutes. The contents of this document can only be disclosed in accordance with the Student's and/or Parent(s)/Guardian's consent.

Student Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

I certify that I am over 18 years of age and am responsible for my own welfare. As indicated and signed above, I authorize the program director abroad and/or physician in-charge to make the appropriate decision regarding medical treatment in case of any medical emergency. I hereby consent to Palm Beach State College disclosing any and all of my medical information in its possession for the sole purpose of assessing my medical needs or obtaining medical services on my behalf.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR PARENT(S)/GUARDIANS OF STUDENTS**

I/We hereby authorize the appointed representative(s) of Palm Beach State College to obtain and authorize medical treatment as is necessary to protect the well being of my child, including authorization for emergency treatment, anesthesia, and/or surgery as deemed necessary. Further, I/We do hereby release and agree to hold harmless Palm Beach State College and its Board of Trustees, directors, officers, employees and agents from any and all claims which may arise from said medical treatment. I/We hereby consent to Palm Beach State College disclosing any and all of the student's medical information in its possession for the sole purpose of assessing the student's medical needs or obtaining medical services on the student's behalf.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** On rare occasions an emergency requiring hospitalization, surgery, and/or other medical treatment develops. Since in some countries/states students under the age of 21 might not be administered an anesthetic or be operated on without the written consent of the parent or guardian, we ask that the parent or guardian sign this document in order to prevent a dangerous delay in the administration of emergency medical attention.

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**Palm Beach State Study Abroad**  
**Form 7 - Release and Indemnity Agreement for Study Abroad Program**

This document and its contents constitute a student record and are exempt from public records under § 1002.22 and § 1006.52, Florida Statutes. The contents of this document can only be disclosed in accordance with the Student's and/or Parent(s)/Guardian's consent.
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I, the undersigned, desire to participate in Palm Beach State College's study abroad program ("the Program"). I understand that Palm Beach State College will not allow me to participate in the Program unless I also enter into this Agreement. Therefore, in exchange for permission to participate, I make the following representations and agreements, which I understand that Palm Beach State College is relying on:

1. I am a sound of mind, in good health, and have no physical or mental conditions that would hinder or prevent me from participating in the Program.
2. I am at least 18 years of age and I possess legal capacity to enter into this Agreement.
3. The term "the College" as used in this Agreement shall mean Palm Beach State College, its District Board of Trustees, officers, directors, employees, agents, staff members, campus directors, chaperones, group leaders and advisors, and any host institution(s) faculty abroad and its employees and agents in any tour organizers arranged or utilized in connection with the Program and its employees and agents.
4. No one associated with the College or with the Program has made any representation or promise to me about the matters covered in this Agreement, apart from what is written in this Agreement. Accordingly, this document contains the entire agreement between the College and me with respect to the matters covered by the Agreement. I understand that the terms and conditions of this Agreement are contractual and legally binding.
5. I understand and agree that this Agreement is intended to provide as much protection to the College as the laws of the State of Florida permit. If any part of this Agreement is illegal, I still agree to be bound by the remaining law provisions of this Agreement.
6. I understand and agree that the laws of the State of Florida will control and it will be used to interpret this Agreement. The laws of the State of Florida will govern any legal action arising out of my participation in the Program. I further agree that any legal actions arising out of this Agreement must be filed in a court of competent jurisdiction in Palm Beach County, Florida.
7. I understand that this Agreement is binding not only on the College and me but also on our respective representatives, heirs, estates, beneficiaries, successors and assigns.

**RELEASE AN INDEMNITY PROVISIONS FOR BENEFIT OF COLLEGE**

I understand that all travel, whether it is domestic or foreign, involves risks and can be dangerous. By participating in the Program, I voluntarily expose myself to these risks and dangers, whether expected or unexpected. I am aware of these risks and dangers and I am aware that I may obtain insurance coverage at my own expense. On my behalf and on behalf of anyone who, as a result of my participation in this Program, can make a claim, I release, discharge and hold the College harmless from any and all liability and

\_\_\_\_\_ (Initials)

responsibility for any loss, damage or injury of any kind, including death, which I may suffer as a result of or in connection with my participation in the Program. This Release covers any loss, damage, injury or death caused by:

- (1) Any criminal, illegal or unauthorized acts of third parties including, but not limited to, any terrorist act, hijacking or sabotage;
- (2) Any social or labor unrest;
- (3) Any political conditions;
- (4) Any mechanical or constructional difficulties all conditions;
- (5) Any diseases, local laws or climatic conditions;
- (6) Any conditions, development, actions or omissions outside of the control of the College; and
- (7) Any other expected are unexpected conditions, developments or risks connected with domestic and/or foreign travel even if I suffer the loss of money, property, health, or life, and irrespective of who is or may be at fault, or whose negligence, including the negligence of the College's, may have caused any laws, injury or death.

**I HAVE READ EACH AND EVERY WORD IN THIS RELEASE AND INDEMNITY AGREEMENT. I FULLY UNDERSTAND ALL OF THE TERMS AND CONDITIONS OF THIS AGREEMENT AND THEIR SIGNIFICANCE. I VOLUNTARILY SIGNED THIS RELEASE AND IDENTITY AGREEMENT.**

Student Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

DATE: \_\_\_\_\_

PROGRAM AND DATES (TERM): \_\_\_\_\_

STUDENT'S SIGNATURE: \_\_\_\_\_

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**Palm Beach State College Study Abroad  
Form 8 - All Married Participants Must Have the  
Following Provisions Signed By Their Spouse**

This document and its contents constitute a student record and are exempt from public records under § 1002.22 and § 1006.52, Florida Statutes. The contents of this document can only be disclosed in accordance with the Student's and/or Parent(s)/Guardian's consent.

As the spouse of \_\_\_\_\_, I read each and every word of this Agreement and I fully understand the terms and conditions for my spouse to participate in this Program. In exchange for my mutual agreement with my spouse for their participation in the College's Program, I voluntarily sign this Release and Indemnity Agreement. By signing, I agree to release, wave and hold the College harmless from any and all claims I may have, including any claims for loss of a deprivation of my spouse's services, support, sexual relations, comfort or attention that I may suffer as a result of, arising out of or in connection with any of the events, conditions or risks stated in this Agreement, even if such laws, liability, damage, costs or death is based on the negligence of the College.

SPOUSE'S NAME: \_\_\_\_\_

AGE: \_\_\_\_\_

NAME OF PARTICIPANT (Print): \_\_\_\_\_

STUDENT NUMBER: \_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME OF PROGRAM AND DATES (TERMS): \_\_\_\_\_

SPOUSE'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_