

## **SVCC AUTHORIZATION AND ASSUMPTION OF THE RISK COLLEGE STUDY ABROAD PROGRAM**

To be submitted in duplicate to the Office of the Dean of Instruction. That office will forward one copy to the instructor or institution concerned. This form must be filed 15 days prior to the scheduled departure for the off-campus location(s).

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Course No. \_\_\_\_\_ Title \_\_\_\_\_

Contact Telephone Number While Traveling: \_\_\_\_\_

(Please check with your cell phone provider several weeks prior to departure to ensure that telephone service will be provided to you while traveling. If not, it is your responsibility to obtain and provide the Program director with a contact number that will work during the Program before departure.)

Emergency Contact Person and Number in the United States: \_\_\_\_\_

1. In consideration for being permitted to participate in the Southside Virginia Community College's (the "College's") Study Abroad Program ("the Program") and in order to afford an enlarged educational experience to the above-named participant, the undersigned and his/her parents or guardians, if participant is under the legal age of 18, agrees to the following:
  - a. I understand that, although the College has made reasonable efforts to assure my safety while participating in the Program, that there are unavoidable risks involved in travel overseas. I therefore understand that there is no guarantee that this Program is free of risk of personal injury, property damage or loss. I agree to assume the risk for any injury, such as and including sickness or death to me, or damage or loss to my property, which may occur as a result of my, or arise out of my, participation in this Program due to airline and ground travel, and general risks associated with visiting a foreign country with different laws, regulations, medical care and possibly including exposure to different diseases, other health risks, and a different language or languages. I understand that the only exception to the preceding sentence is if injury, loss or damage is due to the negligence of the employees or agents of the College.
  - b. I further agree to indemnify the College and its trustees, officers, instructors, employees, agents, successors and assigns for any and all obligations, liabilities, claims, demands, costs and expenses, including attorneys' fees, arising out of, or in any way connected with, any activities associated with the Program experiences participated in as part of the above course, except where such are due to the negligence of the employees or agents of the College.
  - c. In subscribing to this, I/We understand that enrollment in the above course will involve temporary residence at \_\_\_\_\_ and/or a period of travel from \_\_\_\_\_, 20\_\_ until \_\_\_\_\_, 20\_\_.
  - d. I agree that, should there be any dispute concerning my participation in the Program that would require the adjudication of a court of law, such adjudication will occur in the courts of, and be determined by the laws of, the Commonwealth of Virginia.
2. I represent that my agreement to the provisions herein is wholly voluntary, and further understand that, prior to signing this agreement; I have the right to consult with the adviser, counselor or attorney of my choice.

Health Insurance

I/We further acknowledge that the participating student is protected for illnesses and injuries while traveling outside the U.S. by health and accident insurance as indicated below:

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

Address \_\_\_\_\_

Policy or Contract Number \_\_\_\_\_

Medical Service

I/We further authorize medical service and appropriate treatment for any illness of the participant while involved in this Program, including necessary surgical treatment.

IN WITNESS WHEREOF, the undersigned execute this agreement of authorization and assumption of the risks involved, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Student Participant Signature

\_\_\_\_\_  
Parent/Guardian Signature (if applicable)

### **International Study Abroad Scholarship Application**

Southside Virginia Community College is committed to the importance of study abroad and has established this scholarship to assist students enrolled in a course or courses which require travel and study abroad. The scholarship pays for all travel expenses stated in the travel itinerary. It does not pay for travel insurance, tuition, books and fees.

**To apply for a full scholarship, students must meet the following criteria:**

1. Student must submit an essay and supporting documents by **Tuesday, October 7, 2008. No online applications will be accepted. Late applications will not be considered.**
2. Applicant must be enrolled as a full-time student at SVCC Fall Semester 2008. The student must be enrolled full-time in the Spring Semester 2009 and enrolled in one of the three credit courses listed below:
  - BUS 280 International Business
  - HIS 195
  - HUM 195
3. Applicant must have a GPA of 2.5 or higher. Submit unofficial transcript.
4. Applicant must provide two letters of recommendation.
5. Applicant will write a short four (4) page essay on his/her expectations of this trip and how it may change his/her future outlook regarding possible education/employment in the global arena. The itinerary may be use as a guide for writing the essay and the presentation. Essay must be typed and double spaced.
6. Applicant will give a minimum of a ten minute oral presentation on his/her essay. Applicant may use PowerPoint in the presentation. **Oral presentations will be given Tuesday, October 14, 2008 at 12 NOON** on the Daniel Campus. Contact Dr. Percy Richardson for the itinerary, and any other needed information regarding the scholarship.
7. After the trip, the student will give a 45 minute presentation to the student body at the respective campuses with a question and answer session.

Submit applications to:

Dr. Percy Richardson  
Southside Virginia Community College  
200 Daniel Road  
Keysville, VA 23947  
(434) 736-2089

**SOUTHSIDE VIRGINIA COMMUNITY COLLEGE  
OFFICE OF INTERNATIONAL EDUCATION  
TRAVEL AGREEMENT**

I do hereby agree to the following conditions and restrictions concerning the College Study Abroad Program (the "Program") which I plan to take through Southside Virginia Community College (the "College").

1. I understand that all college policies and roles (attached) are in effect while I am enrolled or participating in the Program.

2. I agree to abide by all the requirements and guidelines set forth in the director's syllabus (copy attached), and I will follow each of these diligently.

3. I agree to assume responsibility for following the director's instructions, attending all applicable class meetings and required activities, and maintaining appropriate behavior and conduct.

a. If I do not comply with a director's written or verbal instructions as they relate to the program at any time during the trip, I realize that I may be dropped from the course and could be sent home.

b. If, in the judgment of the director, my inappropriate conduct is detrimental to the good name and reputation of the College, causes or threatens harm to any of the other participants enrolled or participating in the Program, or I otherwise impede or obstruct the progress of the Program in any way, I realize that I may be dropped from the Program and could be sent home.

c. If I am found under the influence of illegal drugs or in the possession of drug paraphernalia, I realize that I may be dropped from the Program and could be sent home.

d. If I miss any applicable class sessions or field trips for any reason other than a serious illness, I realize that I may be dropped from the Program and sent home.

4. I agree that I will forfeit all fees and expenses of the trip if I am sent home.

5. I understand that the College relinquishes responsibility for students who take unexcused absences during this trip.

By signing this form, I acknowledge that I agree to all of the terms, and imposition of penalties for violating any of such terms, stated above.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Program \_\_\_\_\_

NOTE: Acceptance in College Study Abroad Program course is contingent on a student maintaining the required GPA and being in good standing. Students who are on academic probation, academic warning, or student conduct probation are not eligible. Students must affirm that all existing medical conditions (both physical and emotional) have been fully disclosed to the course instructor. Students with serious emotional or behavioral problems may not be accepted into an off-campus program if they cannot demonstrate an ability to participate effectively.

I understand that although the College will attempt to maintain the Program as described in its publications and brochures it reserves to the right to change the Program, including the itinerary, travel arrangements, or accommodations, at any time and for any reason, with or without notice, and that neither the Commonwealth of Virginia, nor the College, or the employees and agents of either, shall be responsible or liable for any expenses or losses that I may sustain because of these changes.

**BEFORE SIGNING THIS AGREEMENT AND TURNING IT IN TO THE DIRECTOR, YOU SHOULD MAKE A COPY FOR YOUR OWN FILES SO THAT YOU REMEMBER YOUR RESPONSIBILITIES AS A STUDENT.**



## SVCC International Travel Data Sheet

**Please fill out this sheet and submit it along with the other documents. Participants must be a United States citizen to participate in this program.**

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Print name as it appears on the passport \_\_\_\_\_

Address \_\_\_\_\_

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

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Cell number \_\_\_\_\_ Email address \_\_\_\_\_

Have you made a \$50 contribution to the SVCC International Scholarship Fund? Y or N  
If no, submit a check for \$50 or more to the SVCC International Scholarship Fund.

Are you traveling along? Yes or No If no, would like a roommate? Yes or No

Do you want a roommate of the same gender? Yes or No

If yes, who will be your roommate? \_\_\_\_\_

Do you require a special diet? Yes or No. Explain \_\_\_\_\_

Do you have a valid passport that is good for six months from the date of travel? Y or N

I have read and agreed to the terms and conditions as stated in the SVCC International Education Travel Agreement, the SVCC Assumption of Risk Statement, the SVCC International Travel Policy and the Drug and Alcohol Abuse Policy.

Please sign all the necessary documents and submit them along with your initial deposit to: **Dr. Percy Richardson, Southside Community College, 200 Daniel Road, Keysville, VA 23947.**

### Documentation Checklist

\_\_\_\_ Initial Deposit

\_\_\_\_ Single Supplement Check

\_\_\_\_ Check for late fee and tip

\_\_\_\_ International Education Travel Agreement

\_\_\_\_ Drug and Alcohol Abuse Policy

\_\_\_\_ Assumption of Risk Statement

\_\_\_\_ Copy of your passport

\_\_\_\_ Contribution to the SVCC International Scholarship Fund

**STUDY ABROAD  
SVCC AUTHORIZATION AND WAIVER**

To be submitted in duplicate to the Office of Dean of Instruction. That office will forward one copy to the instructor or institution concerned. Authorization and waiver must be filed 90 days prior to the schedule departure for the off-campus location(s).

Student Name \_\_\_\_\_

Social Security No. \_\_\_\_\_

A. In order to afford an enlarged educational experience to the above student, the undersigned participant and his/her parents or guardians agree to and hereby release Southside Virginia Community College and its trustees, officers, instructors, employees, agents, successors and assigns from any and all responsibility for and do hereby indemnify each against and hold them harmless from all obligations, liabilities, claims, demands, costs and expenses, including attorneys' fees, arising out of or in any way connected with any activities associated with off-campus experiences participated in as part of the above course or program.

In subscribing to this, the undersigned have full knowledge of the special risks which may be inherent in travel and residence in a foreign country or in other off-campus locations, and do, jointly and severally, for themselves and their estates, agree and consent not to bring legal action against Southside Virginia Community College or any of its trustees, officers, employees or agents, successors or assigns for or on any matter associated with the off-campus experience provided through this instructional program. We understand that enrollment in the above course will involve temporary residence at \_\_\_\_\_ and/or a period of travel from \_\_\_\_\_, 20\_\_ until \_\_\_\_\_, 20\_\_.

B. Health Insurance

We further acknowledge that the participating student is protected while traveling outside the U.S. by health and accident insurance as indicated below:

Company Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Policy or Contract Number

C. Medical Service

We further authorize medical service and appropriate treatment for any illness of the participating student while off-campus, including necessary surgical treatment.

IN WITNESS WHEREOF, the undersigned execute this agreement of authorization and waiver, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Student Participant Signature

\_\_\_\_\_  
Parent(s) /Guardian(s) Signature

