

Kendall College of Art and Design of Ferris State University Student Activities Office  
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## STUDY-AWAY APPLICANT AGREEMENT

This form will help you complete the steps necessary to have a successful study-abroad experience. **We suggest that you make a copy of the completed form for your personal records.** If you have any questions, please call us at (616) 451-2787.

**NOTE:**  
**THIS FORM MUST BE TURNED IN BEFORE YOUR SHORT-TERM STUDY-ABROAD APPLICATION IS CONSIDERED COMPLETE.**

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

KCAD Study Abroad Program: \_\_\_\_\_

In which course(s) (offered by this program) will you enroll: \_\_\_\_\_

### APPROVAL: SEEK APPROVAL AND SIGNATURE OF FACULTY TRIP LEADER

#### REQUIRED SIGNATURE

I accept this student into the specified Study-Abroad program.

\_\_\_\_\_  
Signature of Faculty Program Leader      Date \_\_\_\_\_

#### Release of Name, Address, and Number

May the Study Abroad Office provide your name, e-mail address, and telephone number to current and future study-abroad participants and applicants? \_\_\_\_yes \_\_\_\_no

### ASSUMPTION OF RISK AND RELEASE FOR OFF-CAMPUS ACTIVITIES

If accepted for participation in this program I understand that I am accountable for all program fees. I acknowledge that an official hold may be placed on my records until all financial responsibilities are fulfilled. I acknowledge that I am responsible for my personal conduct and that I can be dismissed from the program for violation of program rules. I understand that tuition is not included in the program cost.

**SELECTION.** Selection of participants for Ferris programs will be made by the faculty trip leader and with consultation with the Study Away Office. Off-campus experiences can be demanding and the selection may be competitive. Factors influencing selection are: the number of available places for a given program site, the applicant's prior academic and conduct record, language skills, evidence of motivation, ability to represent FSU, and evidence of maturity and independence. Participation may be denied to an applicant

whose conduct prior to departure raises doubts that he or she should be allowed to participate in an international experience.

Whenever possible, the study-abroad program will try to accommodate special needs. In some cases, however, this is not possible. The safety of our students will take priority over all other considerations in the selection of students, site selection, and housing arrangements.

The Study Away Office reserves the right to withdraw an offer of acceptance to any student who voluntarily or involuntarily leaves FSU or is found to have falsified the application.

**CANCELLATION.** I understand that I will be held accountable for the entire cost of the program once the confirmation date has passed. In the event that I notify the Study Away Office in writing of my intent to cancel my participation or withdraw for reasons beyond my control, I will remain responsible for all program costs incurred on my behalf in accordance with the payment schedule established for the particular program.

**GENERAL RELEASE AND WAIVER.** In consideration of participating in the study-abroad program offered through Ferris State University or other institutional sponsor approved by FSU, I the undersigned, in full recognition and appreciation of the dangers and hazards inherent in traveling and to which I may be exposed during my enrollment and/or participation in this activity/program, agree to assume all the risks and responsibilities surrounding my participation in study abroad or any independent activities undertaken as an adjunct thereto; and, further, I do for myself, my heirs, successors, assigns and personal representative(s) hereby defend, hold harmless, indemnify, and release, and forever discharge the University, all its officers, agents and employees from and against any and all claims, demands, and actions, or causes of action, on account of damage to personal property, or personal injury or death which may result from my participation, and which result from causes beyond the control of, and without the fault or negligence of Ferris State University, its officer, agents or employees, during the period of my participation as aforesaid. Furthermore, I hereby agree to indemnify, defend, and hold harmless the University and its employees, agents, officers, trustees and representatives (in their official and individual capacity) from any and all liability, losses, damages, judgments, or expenses, including attorney fees, that they or any of them include or sustain as a result of any claims, demands, actions, or causes of action that arise out of, occur during, or are in any way connected to my participation in the program and/or any travel incidental thereto.

I agree that this agreement is to be construed under the laws of the State of Michigan, USA; and that if any portion hereof is held invalid, the balance hereof shall, notwithstanding, continue in full legal force and effect. In signing this document I hereby acknowledge that I have read this entire document, that I understand its terms, that by signing it I am giving up substantial legal rights I might otherwise have, and that I have signed it knowingly and voluntarily.

**I have read this release, thoroughly understand it, and have asked questions if I did not understand it. My signature below indicates my complete and willful consent.**

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

Name (Please Print) \_\_\_\_\_ Date of Birth \_\_\_\_\_

If the above signed is not of legal age at signing, this form must also be signed by the participant's parent or legal guardian below. There will be additional forms that will need to be completed as well.

**As the parent or legal guardian of the participant whose signature appears above, I have read and understand the conditions outlined above, have given my child or ward permission to participate in the program, and agree to be bound by the conditions outlined above as if I myself had signed above.**

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