MAKE YOURSELF A COPY OF THIS DOCUMENT.
School of Social Work (“SSW”) Travel Abroad Agreement

Supplement to Release and Hold Harmless Agreement
The University of North Carolina at Chapel Hill
School of Social Work

(print legibly your full name)
As part of the consideration for participating in SSW Travel Abroad, I hereby agree as follows:

REFUND POLICIES
Since SSW Travel Abroad is receipt-based, fixed costs for each course, including those for overseas living expenses and activities, are distributed over a projected number of participants. I understand that, once I am accepted as a participant, and if I then withdraw, I will be charged ‘one student share’ of the fixed costs plus any non-refundable deposits or other expenses paid on my behalf for travel, hotels, admissions, fees, etc. This amount can grow to $1,000 or more before departure from the United States.

If the SSW finds an acceptable substitute to replace me, I will receive a refund of all charges less a $50 administrative fee. Finding a substitute is not guaranteed, and the SSW has no obligation actively to seek one.

PROGRAM ORGANIZATION AND ARRANGEMENTS
I understand that UNC CHAPEL HILL reserves the right to make cancellations, changes, or substitutions in agendas, itinerary, faculty, travel arrangements, and other services, in case of emergencies or changed conditions as deemed desirable based on the purpose and academic quality of the SSW Travel Abroad program.

I acknowledge that UNC CHAPEL HILL reserves the right to charge a reasonable extra fee to compensate for any significant increase in costs or currency exchange rates in order to meet the full costs of the SSW Travel Abroad program for which I have applied, or to cancel the SSW Travel Abroad program with a full refund if such a change makes it commercially impracticable to proceed with the program.

STUDENT RESPONSIBILITIES AND AMENDMENT TO RELEASE AND HOLD HARMLESS AGREEMENT
I understand that I am solely responsible for obtaining and safeguarding my I.D., passport, visa, money, traveler’s checks, credit cards, tickets, jewelry, and other personal property. I hereby waive any and all claims against the director, faculty, and other agents of the program as well as UNC CHAPEL HILL for any expenses or losses due to my failure to obtain or to safeguard these items properly.

I acknowledge and agree that the Release and Hold Harmless Agreement for Study Abroad Programs and Other Programs and Activities Involving Foreign Travel is hereby amended for this program to provide that, although I am responsible for making my own travel arrangements to and from the county, The SSW is responsible for arranging my transportation and housing within the country and that such housing and travel arrangements cannot be independently determined. Further, I acknowledge and agree that my participation in SSW Travel Abroad includes enrollment in Preferred Health Overseas for the University System of the State of North Carolina, a health insurance policy whose coverage applies only to the dates (inclusive) of SSW Travel Abroad in which I am a participant. Should I become ill or sustain injury, I understand that I am responsible for paying all medical costs incurred and that I must file claims with the insurance company myself for reimbursement. I understand that this policy terminates immediately should I be dismissed from SSW Travel Abroad, or if I leave it of my own volition.

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I agree to inform SSW in writing of any pre-existing health or medical conditions or needs which may affect my participation and subsequently to inform SSW Travel Abroad of any such conditions or needs that develop before the scheduled starting date. I acknowledge that UNC CHAPEL HILL and/or any of its agents cannot make representations regarding the accessibility or quality of foreign medical services, drugs, and facilities.

If I am accepted to the SSW Travel Abroad program and if I am a UNC CHAPEL HILL student with a disability that requires reasonable accommodation, I acknowledge and understand that I am responsible for contacting the Department of Disability Services [919-962-8300 (V/TTY); email: disabilityservices@unc.edu; web: http://disabilityservices.unc.edu] as soon as possible to make arrangements for such accommodations in the SSW Travel Abroad program. I understand and acknowledge that the Americans with Disabilities Act does not apply in other countries and that it may not be possible to provide reasonable accommodations in this program for all disabilities.

I agree to exercise good judgment, respect the rights and feelings of others, and comply with the laws of the host country. I understand that my participation in SSW Travel Abroad is subject to all UNC CHAPEL HILL rules, regulations, and policies (including, without limitation, policies on alcohol and illegal drugs and the provisions of the Instrument of Student Judicial Governance, which contains the Code of Student Conduct). I agree to adhere to these policies and if I do not, I understand that my participation in the program may be ended at the discretion of the instructor/director. I understand that there is no refund if I am dismissed from the program for this reason.

I acknowledge and understand that, although I am an adult, I have been advised to discuss this program with my parents/family and to share with them any materials or information about the elements of risk associated with this program that I may receive.

GOVERNING LAW AND SEVERABILITY
I acknowledge and agree that this agreement shall be construed in accordance with the laws of the State of North Carolina, that venue for any legal action brought under this agreement shall be in North Carolina, and that the terms and provisions of this agreement shall be severable such that if a court of competent jurisdiction holds any term to be illegal, unenforceable or in conflict with any law governing this agreement, the validity of the remaining portion shall not be affected thereby.

RELEASE AND HOLD HARMLESS EXTENSION
To the extent that there is unsupervised free time during this program, I hereby assume full responsibility for my actions and decision-making during these times and hereby release, hold harmless, and forever discharge UNC CHAPEL HILL, its employees and agents, from any and all liability, claims, demands, actions, and causes of action arising out of or related to any personal injury (including death) which I may sustain and/or any loss of, or damage to, personal property I may suffer during such unsupervised free time.

I have read this entire agreement and understand the meaning of each item. I acknowledge that it is binding on myself, my heirs, my assigns, and my personal representatives. I certify that I am 18 years or older and fully competent to sign this agreement.

Signature of Applicant ___________________________ (Seal) Date: ___________________________

Witness (legibly print full name) ___________________________ Date: ___________________________

Signature of Witness ___________________________ Date: ___________________________

Form revised 5/10/09.