

INTERNATIONAL TRAVEL CONSENT AND RELEASE AGREEMENT

Name (print): _____

Program: _____ International Dimensions in Management (IBUS-744): China, Spring 2012

The following agreement is designed to protect American University / Kogod School of Business (referred to as "University" in this agreement), as well as all participants, members, agencies, and individuals cooperating with an American University / Kogod School of Business International Educational Program (referred to as "Program" in this agreement). You, the student (referred to as "I" in this agreement), must sign and return this form indicating agreement to the conditions herein set forth. Confirmation of your participation will not be made without your signature.

As a participant in the Program, I am subject to the Code of Conduct as provided in American University's current Student Handbook. The information is available on the Internet at: <http://www.american.edu/handbook/>. To receive a printed copy of the Student Handbook, I may request one from American University's Office of the Dean of Students.

As stated in the University's Code of Conduct, if a student violates the Code or if it is determined by the Program Representative or agent or the Dean of the Kogod School of Business that a student has violated this code, disciplinary action will result.

Therefore, I understand that appropriate behavior, as outlined by the Student Handbook, is expected at all times. I further understand that my participation in the Program may be revoked immediately, should I violate any of the codes established by the Student Handbook.

1. General Release

I understand that participation in the Program is entirely voluntary and that any Program of travel involves some element of risk. I agree that in partial consideration of the University's sponsorship of this activity and permitting me to participate, I, my parents, guardians or legal representatives will not hold American University, its trustees, officers, employees, or agents liable for any injury, death, or loss to person or property sustained by me while participating in or arising out of any travel or activity conducted by or under the auspices of American University's Program.

2. Program Changes or Termination

I understand that the University reserves the right to make cancellations, changes, or substitutions in cases of emergencies or changed conditions or in the interest of the group. Should the University cancel the Program, refunds of program fees will be made unless the cancellation is due to political, natural, technological, or other catastrophic conditions beyond its control in which case the University will be able to refund only uncommitted and/or recoverable funds. I understand that any refunds made for programs where payment is made to the University will be in accordance with published University policies for the academic year in which the Program occurs, unless otherwise stated.

3. Loss of Program Fees

I agree to pay for all costs, including scholarship repayment, arising out of my early withdrawal, for whatever reason, from the Program. If I withdraw early, I will inform the Program immediately and in writing. There will be no refund of fees already paid due to early withdrawal from the Program for whatever reason. Further, I will assume responsibility for all costs incurred on my behalf prior to the Program's receipt of notification of withdrawal. Also, I accept all responsibility for loss or additional expenses due to delays or other changes in the

means of transportation, other services, or sickness, weather, strikes or other unforeseen causes. If I become detached from the Program group, fail to meet a departure bus, airplane, or train, or become sick or injured, I will at my own expense seek out, contact, and reach the Program group at its next available destination.

4. Accident and Insurance Coverage

I understand that the University requires that all students be covered by appropriate accident and medical insurance and that all students be financially responsible for such expenses. Further, I agree to participate in the University-sponsored international medical plan or provide the Program proof of medical insurance coverage that would cover me in case of an emergency in a foreign country. I also assure the University that there are no health-related reasons or problems of which I am aware that preclude or restrict me from participating in the Program.

5. Motor Vehicle and Personal Property Insurance Coverage

I understand that the University requires students who plan to operate a motor vehicle to obtain liability and collision insurance that will cover them in the applicable locale and that the University is not responsible for accidents or injuries which occur as a result of a student's operation of a motor vehicle while attending a Program. I also understand that the University recommends that students insure their personal property from loss or theft and that the University is not responsible for loss or theft of personal property.

6. Medical Treatment

I understand that while I am overseas, an emergency may develop which necessitates medical care, hospitalization, or surgery. Wherever possible, a Program Representative or agent will contact my parents or guardians prior to such treatment. However, this may not be practical depending upon the nature of the emergency. Therefore, I authorize the University through its authorized Program Representative or agent to secure any necessary emergency medical treatment including the administration of anesthesia and surgery. I understand that such treatment will be solely at my expense and I agree to reimburse the University for any expense that it might incur on account of my injury or treatment.

7. Housing Arrangements

I understand that Program provides housing arrangements at the sites abroad. I understand that I need to complete a housing profile form by the stated deadline and before any housing assignment is processed. I understand that should I not return a completed form, my status in the Program is jeopardized, and I risk being dropped from the Program completely. I understand that should I be a "no-show" or late withdrawal, I will be responsible for any cancellation charges or penalties that may result. This charge can range from no penalty to the entire housing cost depending on the charge levied on the Program from the on-site housing coordinator. I understand that in programs where dormitories are the housing arrangement, that the dormitory will have its own set of rules and regulations by which I must abide as a participant in the Program. I understand that should I change housing arrangements, I may be responsible for the full cost of the accommodations due to my original commitment. Participants at some sites will have rules above and beyond those mentioned herein and will need to abide by those as stipulated by the specific program.

8. Voluntary or Involuntary Withdrawal or Dismissal

I understand that all students are subject to University regulations, Program guidelines, and laws of the host country. In the event of violation of any of the above, academic failure, or behavior which is detrimental to me, to other students or to the Program, the Dean or accompanying Faculty will have the right to dismiss me from the Program. The decision is final and may result in the loss of academic credit and paid fees for the Program. I recognize that due to the circumstances of foreign study programs, procedures for notice, hearing and appeal applicable to student disciplinary proceedings at the University do not apply. If I am dismissed, I consent to being sent home at my own expense with no refund of fees. I further understand that I may also be subject to Conduct Council charges for violations of University policies or code of conduct.

9. Legal Conflicts

I acknowledge and understand that should I be arrested or come into legal conflicts with people not associated with the Program in the host country, I must attend to this matter personally and use my own funds to cover any costs of such problems. I understand that the University is not responsible for providing legal assistance in these circumstances. I understand and agree that I am liable for damages to my own person and property, as well as damages to other persons and their property, including any damage due to my abuse of alcoholic beverages, medicines, and/or illegal drugs. I recognize that I am personally liable for the legal and economic consequences of my actions and I have been so notified.

10. Governing Forum

I further understand that this Agreement will be construed in accordance with the laws of the District of Columbia, which will be the forum of any lawsuits filed under or related to this Agreement or Program. The term and provisions of this Agreement will 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 portions will not be affected thereby.

11. Pledge

I agree to comply fully with the rules of the University and its agents, its host institutions and/or any cooperating entity. I agree that the University has the right to enforce its standards of conduct and that should I fail to comply with them, the University has the right to terminate my participation in the Program with no refund of monies paid.

I HAVE READ AND UNDERSTAND THE ABOVE PROVISIONS AND AGREE TO BE BOUND BY THEM.

Program: International Dimensions in Management (IBUS-744): China, Spring 2012
Name _____
(print): _____
Signature: _____
Date: _____ AU ID#: _____

****PLEASE KEEP FOR YOUR RECORDS****

INTERNATIONAL TRAVEL INSURANCE INFORMATION

American University students, faculty, and staff traveling abroad, not in their country of permanent residence, need protection that will help them in the event of sudden illness or serious injury. In some countries, U.S. health insurance is not accepted in lieu of payment prior to treatment. While a claim for reimbursement can be filed once the traveler returns home, paying cash before receiving medical attention can cause a hardship for the traveler. In extreme cases, medical evacuation might be necessary and those prepaid costs would most likely be significant.

To make sure that all American University international travelers have adequate insurance, with coverage that might not otherwise be available, all participants are required to enroll in the **ACE Travel Assistance Program**. For Kogod's programs, enrollment on your behalf is completed by the Office of Global Learning, and the cost of the premiums is included in your Program Fee.

The plan number for the University is **01AH585**
The policy number for the University is **GLM N00173587**

In the event of a medical emergency, or to access the other services listed below, please call ACE Travel Assistance Program/Europ Assistance immediately and reference the plan number 01AH585:

**1-800-243-6124 toll free in the USA or Canada
1-202-659-7803 collect outside of the USA
24-hour access**

ACE TRAVEL ASSISTANCE SERVICES AND BENEFITS

- **Medical Assistance** including referral to a doctor or medical specialist, medical monitoring when you are hospitalized, emergency medical evacuation to an adequate facility, medically necessary repatriation and return of mortal remains
- **Personal Assistance** including pre-trip medical referral information and while you are on a trip: emergency medication, embassy and consular information, lost document assistance, emergency message transmission, emergency cash advance, emergency referral to a lawyer, translator or interpreter access, medical benefits verification and medical claims assistance
- **Travel Assistance** including emergency travel arrangements, arrangements for the return of your travelling companion or dependents and vehicle return
- **Security Assistance** including a crisis hotline and on the ground security assistance to help address safety concerns or to secure immediate assistance while traveling as well as access to a secure, web-based system for tracking global threats and health or location based risk intelligence

GLOBAL ACCIDENT & HEALTH BENEFITS

The following benefits are provided only while on university sponsored international travel:

Benefits	Description and Limits
Medical expenses	<ul style="list-style-type: none">• Up to \$50,000• Medical care and treatment provided by a physician as a result of a sickness or accident• Semi-private hospital room and board

	<ul style="list-style-type: none"> • All necessary medical and surgical services and supplies while confined in a hospital • Outpatient medical care and treatment provided by a hospital or clinic • Professional local ambulance service • Dental expenses resulting from an accident up to \$1,000 • A surgical procedure and anesthesia when performed or administered by a physician • Laboratory and x-ray tests and treatments • Supplies and prescriptions while confined in a hospital or upon release • \$2,000 per pregnancy benefit for emergency medical services
Deductible (per occurrence)	<ul style="list-style-type: none"> • \$50.00
Pre-existing Conditions	<ul style="list-style-type: none"> • Up to \$2,500 • Defined as any condition that a covered person has incurred charges, received medical treatment or taken prescribed drugs or medicine for an injury or sickness during the 90 day period immediately preceding the date of travel
Exclusions included, but not limited to	<ul style="list-style-type: none"> • Routine physical examinations • Eyeglasses • Hearing aids • Routine dental care • Cosmetic treatment or surgery • Confinement or institutional care • Maternity and routine nursery care • Expenses incurred during holiday travel • Injury or sickness caused by war, riot, civil commotion or police action • Participation in a criminal act • Intentionally self-inflicted injuries
Medical evacuation	<ul style="list-style-type: none"> • Up to \$50,000 • Emergency evacuation to an adequate medical facility
Medical repatriation	<ul style="list-style-type: none"> • 100% coverage • Medically necessary repatriation and return of mortal remains
Accidental death and dismemberment	<ul style="list-style-type: none"> • Up to \$10,000
Executive Assistance services through Europ Assistance USA	<ul style="list-style-type: none"> • Medical - referral to medical specialist or medical monitoring while hospitalized • Travel - emergency travel arrangements, return of traveling companion/dependant and return of vehicle • Personal - pre-trip medical referral, emergency medication, embassy and consular information, lost document service, emergency message transmission, emergency cash advance, translator/interpreter access • Legal - referral to lawyer
Security Assistance services	<ul style="list-style-type: none"> • On the ground security assistance in the event of a potentially life-threatening military or political event while traveling or studying abroad • Crisis hot line and security assistance center to discuss any safety concern about travel locations or to secure immediate assistance while traveling • A secure web based system for tracking global threats and receiving location based

	<p>risk intelligence. This website includes:</p> <ul style="list-style-type: none"> ○ Up-to-the-minute travel alerts covering political instability, civil unrest, disease outbreaks, crime patterns and terrorism news from around the world. ○ Real-time country specific trip briefs for intended travel destinations, including any safety and security issues for that city, region, or country; helpful security tips, plus any security precautions that should be adopted to avoid those risks. ○ Country specific health information including trip preparation advice and recommended medical facilities around the world. ○ US State Department Travel Warnings. <ul style="list-style-type: none"> ● The web based system can be accessed through the following url: www.acetravelassistance.com (user id: aceah, password: security)
Cost of coverage	<ul style="list-style-type: none"> ● \$6.50 per week ● \$23.00 per month ● \$85.00 per semester

Participant should first submit claims that occurred during international travel to ACE Travel Assistance. After receiving the determination of benefits, any expenses that are not covered can be submitted to participant's domestic health care insurance provider.