**For Office Use Only**

### Date received: \_\_\_\_\_\_

### Time received: \_\_\_\_\_\_

### Application

### Deposit

### Agreement Form

### Staff Initials \_\_\_\_\_\_

EuroSpring 2024

Application

* REQUIRES A NON-REFUNDABLE DEPOSIT OF $150.00 Make a payment to BSU Cashiers Office, Deputy Hall 202 (218-755-2045). Payment can be made in form of cash, credit card (Visa, Mastercard, or Discover), or check made out to Bemidji State University.
* Attached receipt of deposit made with this application to submit.
* Payment is for EuroSpring in Oxford, England; and will take place in installments beginning November 2023.
* Applicants are required to be 18 years old at time of travel and have completed at least one full time (12 credits) semester at BSU with a minimum GPA of 2.75.
* Turn in the Responsibility Contract (included w/ app), signed and dated.
* Non-BSU students must also include a “Special Student Application” and pay a $20.00 application fee. Contact the International Program Center to request the form. (218-755-4096 or e-mail [international@bemidjistate.edu](mailto:international@bemidjistate.edu) )
* If you intend to apply for financial aid, you are advised to visit with the BSU Financial Aid Office prior to submitting your program application. (Financial Aid Office; 114 Deputy Hall; [financialaid@bemidjistate.edu](mailto:financialaid@bemidjistate.edu))

**Please neatly print all information:**

**Today’s date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **BSU ID:** (or SSN) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Do not use a nickname, *please include middle name* – must be exactly as it appears on your passport!)

**Country of Citizenship:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Birthplace:** (City, State, Country) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Do you have a passport?** YES\_\_\_\_ NO\_\_\_\_

**Current Address:** (address until time of departure)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Local Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **BSU E-mail:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**□***Check if permanent address is the same as current*

**Permanent Address:** (if different from current address, e.g. address of parent, guardian, spouse)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **E-mail:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact** (person that BSU may release information to during your absence):

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Relationship to you:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **E-mail:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Major:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Class Standing at Time of Departure:** (circle) Fr So Jr Sr Grad Other

**Previous Travel Experience:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following information is required for international travel:

**Gender:** (circle) Female Male **Age at Time of Departure:** \_\_\_\_\_ **Date of Birth: (MM-DD-YYYY)** \_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_ *(please initial)* I understand that payment of $1,500.00 is due by November 17, 2023, and the entire program fee is due by December 22, 2023 (unless arrangements have been made with the BSU Financial Aid Office).**

**\_\_\_\_\_ (*please initial)*  I understand that I am responsible for the entire program cost of EuroSpring if it is my decision to cancel after December 22, 2023. If an applicant becomes non-eligible due to academic performance, all funds except the $150.00 application fee will be refunded.**

**\_\_\_\_\_ (*please initial*) I understand that if I decide to cancel, I need to inform the IPC in writing.**

This study abroad travel experience may include activities such as hikes, walking tours and other physical activities to be detailed by the faculty director. Visited sites, modes of transportation, and housing accommodations may not be handicap accessible. Requests for reasonable accommodations will be carefully considered, but may not be available, depending on the specific program. You may wish to consult with the program faculty director for additional details about the trip before submitting your application.

I certify that all statements made on this study abroad application in its entirety are true and accurate.

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complete and present this study abroad application, along with your receipt from the BSU Cashier’s Office to the International Program Center in 111 Deputy Hall. If you not currently enrolled on campus, mail this application, a Special Student Application form, the Responsibility Contract, and a check for $150 payable to BSU to:

International Program Center

Deputy Hall 111

Bemidji State University #13

1500 Birchmont Drive NE

Bemidji, MN 56601-2699

# Once your application has been filled out and received, please check your email frequently. We will respond via email to you whether you have or have not been accepted.

I removed the word “independent” from this form and the waiver and completed the fill in the blank portion

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**STATEMENT OF RESPONSIBILITY, RELEASE AND AUTHORIZATION TO PARTICIPATE IN**

**BEMIDJI STATE UNIVERSITY STUDY TRAVEL PROGRAM**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am a student at Bemidji State University. I have agreed to participate in Eurospring, a study travel program at Bemidji State University in England and Europe. I understand and hereby acknowledge that my participation is wholly voluntary. In consideration of being allowed to participate, I hereby agree as follows:

1) I hereby represent and warrant that I am and will be covered by a policy of comprehensive health and accident insurance which provides coverage for injuries and illnesses I sustain or experience overseas, and, more specifically, in the countries in which I will be traveling while in the study travel program. By my signature below, I certify that I will purchase the health insurance available through the provider contracted by MnSCU; and I absolve the University of all responsibility and liability for any injuries (including death), illnesses, claims damages, charges, bills and/or expenses I may incur while I am abroad. I agree to report to the University any physical or mental condition I have which may require special medical attention or accommodation during the Program at least thirty (30) days prior to departure.

2) I understand and acknowledge that there are inherent health risks associated with traveling abroad. I agree that I am personally responsible for obtaining all health information, instruction, medical procedures, immunizations, and medications appropriate to my intended travel. I recognize that the University is not responsible for any of my medical or medication needs, and I assume all risk and responsibility therefore. I further agree that if I become incapacitated, the University, through its agents and employees, may take whatever action is deemed necessary with respect to my health and safety. I authorize the University, its agents, and employees to place me, at their discretion and without further consent, in a hospital or in the care of a local doctor or other appropriate health care provider for medical services and treatment. If necessary or desirable, I also authorize them to transport me back to the United States by commercial airline or otherwise for medical treatment. I agree that I am fully responsible for any and all expenses, including transportation costs, associated with or in any way related to my medical care.

3) If housing or transportation arrangements are made for me by the University: I understand that the University reserves the right to make changes to the Program itinerary at any time and for any reason, with or without notice, and the University shall not be liable for any loss whatsoever to me by reason of any such cancellation or change. I acknowledge that I have been advised to obtain trip insurance, at an additional cost to be paid by me. The University is not responsible for penalties assessed by air carriers that may result due to operational and/or itinerary changes, regardless of whether the University makes flight arrangement. Any additional expenses resulting from the above will be paid by me. The University reserves the right to substitute hotels or accommodations or housing of a similar category at any time. Specific room and housing assignments are within the sole discretion of the University.

4) I understand and acknowledge that the University assumes no responsibility or liability, in whole or in part, for any delays, delayed or changed departure or arrival times, fare changes, dishonors, or hotel, airline, or vehicle rental reservations, missed carrier connections, sickness, disease, injuries (including death), losses, damages, weather, strikes, acts of God, circumstances beyond the control of the University, force majeure, war, quarantine, civil unrest, public health risks, criminal activity, terrorism, expense, accident, injuries, damage to property, bankruptcies of airlines or other service providers, inconveniences, cessation of operations, mechanical defects, failure or negligence of any nature howsoever caused in connection with any accommodations, restaurant, transportation, or other service, or for any substitution of hotels or of common carriers beyond the University’s control, with or without notice, or for any additional expense occasioned by any of the foregoing. If due to weather, flight schedules or other uncontrollable factors I am required to spend additional nights, the University will not be responsible for my hotel, transfers, meal costs or other expenses. My baggage and personal property are transported at my risk entirely. The right is reserved by the University, in its sole discretion, to cancel my participation in the study travel program or any aspect thereof prior to departure; and, in the University’s sole discretion to cancel my participation in the study travel program or any aspect thereof after departure, requiring that all participants return to the United States if the University determines or believes that I will be in danger if my participation in the study travel program or any aspect thereof is continued.

5) The University reserves the right to decline to accept or retain me in the study travel program at any time should my actions or general behavior impede the operation of the study travel program or the rights or welfare of any person. Similarly, if my conduct violates any policy or procedure of the University, or any provision of the University Student Conduct Code, which I hereby agree shall apply to my conduct while I am abroad, I understand that I may be required to leave the study travel program in the sole discretion of the University’s employees, agents and representatives, and I may be referred to the appropriate University officials for further disciplinary action. Violations include any behavior (including, but not limited to, inebriation or use of illicit drugs) that places the student or others at risk or which significantly inconvenience other members of the group. I understand that the program director may pursue sanctions under the conduct code in the event of violations, and a more serious breech, including inebriation or use illicit drugs, will result in my expulsion from the program and being sent home at my expense. I realize that functioning in an unfamiliar cultural and physical environment calls for an extra degree of prudence. I agree that University officials may disclose information about me that may be classified as confidential or private to my parents, or others I have named as emergency contacts, as they deem appropriate or necessary while I am abroad.

6) I agree to register in the STEP program <https://step.state.gov/step/>, a U.S. Department of State service. I agree to research and apply applicable information from The Center for Disease Control’s website: <http://wwwnc.cdc.gov/travel/>. I have accessed these sources, have registered in the STEP program, and am aware of and understand the risks and dangers of travel to, in and around the country(ies) including but not limited to the dangers to my own health and personal safety posed by terrorism, crime, civil unrest and violence. I hereby assume, knowingly and voluntarily, each of these risks and all of the other risks which could arise out of or occur during my travel to, from, in, or around the country(ies).

7.) I understand that I am responsible for my own safety and cannot hold the University liable for any injuries to my person or property or any other losses as a result of my participation in the study travel program.

If I decide to leave the study abroad travel program before completing the course of study, I will provide the University with advance written notice of my intention. The University has no liability to provide or arrange for transportation, housing, dining or other services to me in connection with my early departure.

8.) I understand that engaging in political activity in the country(ies), including but not limited to, joining political parties or unions, participating in demonstrations, soliciting political material or picketing may be dangerous or illegal. If I have legal problems because of such activities, I understand that the University cannot provide legal counsel.

9.) I understand that as a U.S. citizen in a foreign country, I will be subject to the laws of that country. I agree to comply with those laws, as well as the University Student Conduct Code, including refraining from using, possessing or selling any illegal drugs. I understand that being charged with any infraction of the laws of the foreign country, including possession of any illegal drugs, is grounds for immediate expulsion from the study abroad travel program without refund. In addition, I understand that, should I have any legal problems while abroad, I am responsible for any and all legal costs incurred as a result. The University cannot provide legal counsel in such circumstances.

10.) I am at least eighteen (18) years of age and I hereby acknowledge that I have read, I understand and will abide by each of the terms and conditions of this Agreement. I have had the opportunity to review this document with legal counsel. This Agreement represents my complete understanding with the University concerning the University’s responsibility and liability for my participation in the study travel program, and it supersedes any previous or contemporaneous understandings I may have had with the University or its representatives on this subject, whether written or oral, and cannot be changed or amended without the parties’ mutual written consent. My signature represents my voluntary agreement.

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Printed)

(You must also read and sign the Waiver Agreement on the back of this sheet.)

Please returned signed copy to:

International Program Center

Deputy Hall 111

Bemidji State University #13

1500 Birchmont Dr. NE

Bemidji, MN, 56601.

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**WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT**

**BEMIDJI STATE UNIVERSITY**

**INTERNATIONAL STUDY TRAVEL PROGRAM**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am a student at Bemidji State University. I have agreed to participate in Eurospring, a study travel program at Bemidji State University in England and Europe. I am not required to participate in this study travel program. My participation is wholly voluntary. In consideration of the University’s agreement to permit me to participate in the study travel program, the receipt and sufficiency of which is hereby acknowledged, I agree as follows:

1) I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby release and forever discharge the University and its employees, agents, officers, trustees and representatives (in their official and individual capacities) from any and all liability whatsoever for any and all damages, losses or injuries (including death) I sustain to my person or property or both, including but not limited to any claims, demands, actions, causes of action, judgments, damages, expenses and costs, including attorney fees, which arise out of, result from, occur during or are connected in any manner with my participation in the study travel program, any related or travel, any activities or field trips, regardless of whether they are sponsored, supervised or controlled by the University, except for any injury or damage as may be caused by the gross negligence and/or wanton misconduct of the agents or employees of the University.

2) I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby agree to indemnify, defend and hold harmless the University and its employees, agents, officers, trustees and representatives (in their official and individuals capacities) from any and all liability, loss, damage or expense, including attorney fees, which arise out of, occur during, or are in any way connected with my participation in the study travel program, any related travel, any activities or field trips regardless of whether they are sponsored, supervised or controlled by the University.

3.) I agree that this Waiver, Release and Indemnification Agreement is to be construed under the laws of the State of Minnesota, U.S.A., 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 will be at least eighteen (18) years of age at the time of the travel, have had the opportunity to consult with legal counsel, have read this entire document and understand its terms, that by signing it I am giving up substantial legal rights I might otherwise have, and that I am signing it knowingly and voluntarily.

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Printed Name)

Please returned signed copy to:

International Program Center

Deputy Hall 111

Bemidji State University #13

1500 Birchmont Dr. NE

Bemidji, MN, 56601.