

Study Tour Forms for Students

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Please attach the required forms and documents to this checklist.

Study Tour (ST) ref# _____

Study Tour Title _____

Organizer _____

Student Name _____ **Student ID#** _____

Date of Birth _____

Nationality _____ **Passport#** _____

Required Forms/Documents	Student's initials indicating this completed and signed form/document is attached to this packet
Parent /Guardian Consent for Travel Form	
AUS Agreement and Release of Liability	
Student Agreement/Code of Conduct	
Student Emergency Information	
Copy of international insurance proof or ID, if not organized through AUS policy (attach it to Student Emergency Information)	
Copy of passport information page with photo page and valid UAE Residence Visa page	
Parental Permission to Attend Study Tour with only One Chaperone (when applicable; form available upon request at IXO)	

Parent/Guardian Consent for Travel Form

I _____ the parent and/or legal guardian of
_____ AUS Student ID _____

hereby give permission for the above-mentioned dependent to travel to _____
as part of the AUS Study Tour Program.

1. The parent (and/or) legal guardian is aware that the use of transportation, housing, safety and maintenance of buildings, equipment, public places and conveyance; local medical delivery; weather conditions, dining services and other goods and services in connection with participation in the program carries a risk of personal injury and property damage or loss that may result from the participation in the program and use of the goods and services described above. Further, the parent (and/or) legal guardian understands that participation in the Program involves risks not found in study at the University.
2. The parent (and/or) legal guardian hereby RELEASES AND DISCHARGES the University, and their officers, directors, faculty, agents, employees, facilitators and legal representatives ("the Released Parties") from any liability, injury, damage, or loss ARISING OUT OF THE AFOREMENTIONED RISKS or arising out of any other activity incident to the student's participation in the Program, including any losses CAUSED BY NEGLIGENCE of the Released Parties. The parent (and/or) legal guardian does not release the University from liability for willful or intentional acts of punitive damages.
3. The parent (and/or) legal guardian understands that the University does not represent or act as an agent for, and cannot control the acts or omissions of: any transportation carrier, hotel or other provider of goods or services involved in the Program. The parent (and/or) legal guardian understands that the University is not responsible for matters that are beyond its control. The parent (and/or) legal guardian does hereby release the University from any injury, loss, damage, accident, delay or expense arising out of any such matters.
4. The parent (and/or) legal guardian understands that during free time (both within and following the period of the Program) elective independent travel occurs at the dependent's own expense. At such times, the dependent is acting as an independent agent and accepts sole responsibility for his/her own well being. The University is not responsible for any injury or loss suffered when the dependent is traveling independently or when otherwise separated or absent from any University-sponsored activities.
5. The parent (and/or) legal guardian also agree NOT TO SUE OR MAKE A CLAIM AGAINST THE RELEASED PARTIES for injury, damage or loss sustained as a result of participation in the Program and use of the goods or services described above. The parent (and/or) legal guardian will indemnify and hold harmless the Released Parties from all claims, judgments, and costs, including attorney's fees, incurred in connection with any action.

That by executing and signing this agreement I attest to the fact that I have read this Parent/Guardian Consent for Travel Form carefully and understand the contents of this document, and have had the opportunity to ask questions as to the nature of the document I have signed. I sign this document of my own free will.

By signing below, I hereby certify that I agree to the conditions above.

Signature of Parent and/or Legal Guardian

Date

Please print name

AUS Agreement and Release of Liability

Read carefully before signing.

The undersigned registrant represents and agrees as follows:

1. _____ (student name) is a participant in an off-campus program of which American University of Sharjah (University) is a sponsor.

_____/_____/_____
Date of Birth

ID #

2. The student has voluntarily enrolled in the program outside the UAE. ("Program").
3. The student and parent (and/or) legal guardian are aware that the use of transportation, housing, safety and maintenance of buildings, equipment, public places, and conveyance; local medical delivery; weather conditions, dining services, and other goods and services in connection with participation in the program carries a risk of personal injury and property damage or loss that may result from the participation in the program and use of the goods and services described above. Further, the student and parent (and/or) legal guardian understands that participation in the Program involves risks not found in study at the University.
4. The parent (and/or) legal guardian hereby RELEASES AND DISCHARGES the University, and their officers, directors, faculty, agents, employees, facilitators and legal representatives ("the Released Parties") from any liability, injury, damage, or loss ARISING OUT OF THE AFOREMENTIONED RISKS or arising out of any other activity incident to the student's participation in the Program, including any losses CAUSED BY NEGLIGENCE of the Released Parties. The parent (and/or) legal guardian does not release the University from liability for willful or intentional acts of punitive damages.
5. The parent (and/or) legal guardian understands that the University does not represent or act as an agent for, and cannot control the acts or omissions of any transportation carrier, hotel, or other provider of goods or services involved in the Program. The parent (and/or) legal guardian understands that the University is not responsible for matters that are beyond its control. The parent (and/or) legal guardian does hereby release the University from any injury, loss, damage, accident, delay or expense arising out of any such matters.
6. The student and parent (and/or) legal guardian understand that during free time (both within and following the period of the Program) elective independent travel occurs at the parent (and/or) legal guardian's own expense. At such times, the student is acting as an independent agent and accepts sole responsibility for his/her own well being. The University is not responsible for any injury or loss suffered when the student is traveling independently or when otherwise separated or absent from any University-sponsored activities.
7. The parent (and/or) legal guardian also agree NOT TO SUE OR MAKE A CLAIM AGAINST THE RELEASED PARTIES for injury, damage, or loss sustained as a result of participation in the Program and use of the goods or services described above. The parent (and/or) legal guardian will indemnify and hold harmless the Released Parties from all claims, judgments, and costs, including attorney's fees, incurred in connection with any action.
8. The student and parent (and/or) legal guardian further agree to abide by all applicable rules and regulations of the University, and the laws of the governmental jurisdictions at the place or places of Program offering. The parent (and/or) legal guardian agrees to indemnify and hold harmless the Released Parties from all claims or losses resulting from the student's or parent (and/or) legal guardian's failure to abide by such rules and laws.

That by executing and signing this agreement I attest to the fact that I have read this Agreement and Release of Liability form carefully and understand the contents of this document, and have had the opportunity to ask questions as to the nature of the document I have signed. I sign this document of my own free will.

Signature of Parent/Guardian

Date

Please print name

Student Agreement/Code of Conduct

While attending the program named below and for the duration specified, I am representing AUS and the UAE. I agree to conduct myself within the guidelines of the AUS Student Code of Conduct. I will do my best to understand and obey the laws and respect the custom of the visited countries. I agree that I will not make pro or con statements that could be constructed as controversial.

I understand that, unless there is an emergency, I am required to attend and participate in all aspects of the program, be punctual and conform to the Program's requirements as set by the Program organizer. I agree to conduct myself in a professional manner and will not behave in any way that might jeopardize my or my group's safety.

I also understand that the program organizer may terminate me from the Program if it is determined that my continued presence in the Program would be disruptive or an interference to the Program's continuation. In the event of termination from the Program, I will not be permitted to participate in any Program activity and I will no longer be entitled to any Program benefits. I understand that I may be subject to action under the AUS Student Code of Conduct procedures upon return to campus, and that I will not receive any refunds associated with the Program costs.

By signing below, I hereby certify that I agree to the conditions above.

Program Name Dates

Student's Name (please print) Student ID#

Signature of Student Date

Student Emergency Information

The confidential information requested below will be used in case of emergencies and is limited to the duration of the trip.

Student Name _____ **Student ID#** _____

Program _____ **Organizer** _____

Emergency Contact Information

Name _____

Relationship _____

Address _____

Daytime Telephone _____ **Evening Telephone** _____

Mobile _____

Insurance Information* (if not organized through AUS Insurance Policy)

Insurance Provider Name _____

Insurance Policy Number _____

Additional information you wish us to know (include medical conditions and medications, allergies, all medications you are taking including dietary supplements)

I give American University of Sharjah permission to contact the above listed emergency contact in case of an emergency.

Signature of Student

Date

Signature of Guardian

Date

*Please provide information/ specify policy page listing benefits, duration and confirming international coverage regarding any insurance premium other than that provided through AUS by Al Buhairah, **since AUS students medical plan through Al Buhairah does not have medical coverage for students going abroad.**