



## Study Abroad Participant Contract

Congratulations on your successful application to Study Abroad! Completing your Study Abroad Participant Contract finalizes your registration for your semester abroad and ensures your full time enrollment status as a Mills student while abroad. Please read carefully and sign in ink where indicated.

### Intent to Participate

I, \_\_\_\_\_ [First and Last Name] intend to participate in Mills Study Abroad for the \_\_\_\_\_ [insert semester and year] academic term. I understand and agree to the following conditions of participation in Mills Study Abroad [place an "x" or checkmark to indicate your acknowledgement].

- I agree to immediately inform Mills International Scholars and Global Learning ([studyabroad@mills.edu](mailto:studyabroad@mills.edu)) in writing if any changes in my intention to participate in the program arise, including withdrawal from the program or deferral of my term abroad.
- I agree to immediately inform Mills International Scholars and Global Learning ([studyabroad@mills.edu](mailto:studyabroad@mills.edu)) in writing if any changes to my academic status arise.
- I understand that I will be required to complete an evaluation of my Study Abroad program and experience for the benefit of future study abroad participants.
- I give my permission to Mills Academic Records to contact my Study Abroad Program to request an Enrollment Verification for my studies there.
- I must continue to meet all of Mills eligibility requirements for study abroad including a cumulative grade point average (GPA) of 2.5 or above to participate in my Study Abroad Program.

Signature (ink): \_\_\_\_\_

Banner ID: \_\_\_\_\_ Date: \_\_\_\_\_

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

City: \_\_\_\_\_ Country: \_\_\_\_\_

Program State Date: \_\_\_\_\_ Program End Date: \_\_\_\_\_



## Study Abroad Release of Liability, Assumption of Risks, and Indemnity Agreement

First and Last Name of Participant: \_\_\_\_\_

\_\_\_\_\_

Current Address of Participant: \_\_\_\_\_

\_\_\_\_\_

Regarding program to \_\_\_\_\_ [Name/Location of Program]

from \_\_\_\_\_ [Dates].

I, \_\_\_\_\_ [Print Name] hereby acknowledge that I have voluntarily elected to participate in the

\_\_\_\_\_ [Name of Program] taking place in \_\_\_\_\_ [Name of Location] during \_\_\_\_\_ [Dates].

**In consideration for being permitted by Mills College (Mills) to participate in the Program identified above, I hereby acknowledge and agree to the following:**

**ELECTIVE PARTICIPATION:** I acknowledge that my participation in the Program identified above is elective and voluntary and is not required by Mills.

**RULES AND REQUIREMENTS:** I agree to conduct myself in accordance with all Mills policies and procedures, including, as applicable, the Mills College Honor Code and/or the Mills Student Handbook. I further agree to abide by all of the rules and requirements of the Program identified above. I understand that Mills College is not a host of the Program. I agree to follow the appropriate directions of any staff member associated with the Program and to follow the laws of all of the localities where the Program takes place. I further understand and agree that Mills is not responsible for any injury or damage that I sustain if I travel with the Program or independently or am otherwise separated or absent from Program activities.

**INFORMED CONSENT AND ASSUMPTION OF RISK:** I have been informed of and I understand the various aspects of the Program. I understand that travel may sometimes be dangerous, and I accept the risks of such travel. I understand the risks involved in traveling, including but not limited to political, legal, social, and economic conditions, safety hazards, crime, disease, health risks including epidemic or pandemic, consumption of food, civil unrest, natural disasters and weather conditions, and negligent first-aid or medical treatment. I further understand that injuries could occur during my participation in the Program and that as a Participant I could sustain personal injuries, illness, property damage or even death as a consequence of participation, of local transportation to and from the Program site(s) or during excursions. I understand that such injuries, illness, property damage or even death may be as a consequence of the actions, inactions, negligence or fault of others, and that there may be other risks not known to me or not reasonably foreseeable at this time. I further understand and agree that any injury, illness, property damage, disability, or death that I may sustain by any means is my sole responsibility.



I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in the Program. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

**RELEASE AND WAIVER OF LIABILITY AND INDEMNIFICATION:** I, on behalf of myself, my personal representatives, heirs, executors, administrators, agents, and assigns agree to **HOLD HARMLESS, DEFEND, INDEMNIFY, WAIVE, RELEASE, DISCHARGE AND COVENANT NOT TO SUE MILLS COLLEGE, ITS BOARD OF TRUSTEES, DIRECTORS, OFFICERS, EMPLOYEES, AGENTS, VOLUNTEERS, AND ANY STUDENTS (“Releasees”)** for any and all liability, including any and all claims, demands, causes of action (known or unknown), suits, or judgments of any and every kind (including attorneys’ fees) arising from or relating to any injury, illness, property damage, disability or death that I may suffer as a result of my participation in the Program, **REGARDLESS OF WHETHER THE INJURY, ILLNESS, DAMAGE, DISABILITY OR DEATH OCCURS WHILE IN, ON, UPON, OR IN TRANSIT TO OR FROM THE PREMISES WHERE THE PROGRAM ACTIVITY OR ANY ADJUNCT TO THE PROGRAM ACTIVITY OCCURS OR IS BEING CONDUCTED.**

I further agree that the Releasees are not in any way responsible for any injury, illness, disability or damage that I sustain as a result of my own intentional or negligent acts.

**PERSONAL BELONGINGS:** I understand and acknowledge that Releasees are not responsible for the loss of any personal belongings or property that I sustain during my participation in the Program, including but not limited to the loss of credit cards, cash, luggage and other items. I acknowledge Mills has advised me to purchase travel insurance to cover these potential losses..

**PERSONAL MEDICAL INSURANCE:** I acknowledge that I have and will maintain during the term of the Program personal medical insurance that meets the Program’s minimum coverage requirements. I further acknowledge that I am responsible for the cost of any and all medical and health services I may require as a result of participating in the Program that are not covered by my insurance.

**GENERAL DATA PROTECTION REGULATION NOTICE:** I hereby give consent to Mills College to collect personal data necessary for Mills College to carry out administrative and other activities related to my participation in the Program. I hereby consent to Mills’ collection and processing of the following categories of information: demographic, enrollment, registration, academic, and evaluation. **I hereby acknowledge and agree to the following:**

- Mills College is collecting and processing the personal data identified above for the sole purpose of facilitating my participation in the Program.
- Only individuals directly involved in administrative and other duties necessary for operation of the Program and my participation in the Program will have access to the categories of data identified above.
- Mills College will not transfer or otherwise disclose the personal data identified above except as necessary to facilitate my participation in the Program.
- Mills College will retain the personal data identified above for only as long as necessary for administrative purposes.



- I acknowledge that I may request rectification or deletion of any of the personal data identified above at any time. I acknowledge that any such request may affect my participation in the Program, up to and including preventing me from participating in the Program.
- I acknowledge that I may withdraw my consent to share my personal data identified with Mills College at any time. I acknowledge that any such request may affect my participation in the Program, up to and including preventing me from participating in the Program.
- I acknowledge that Mills College is collecting and processing the personal data identified above in order to allow me to participate in the Program and for no other purpose.
- I acknowledge that I have a right to lodge a complaint regarding Mill's compliance with the General Data Protection Regulation with the relevant EU member state's supervisory authority.
- I acknowledge that Mills College will not use automated processes to make decisions regarding the collection, processing, distribution, or retention of the personal data identified above.
- The provisions of this acknowledgement, notice, and waiver apply only with regard to my participation in the Program. If any of the personal data identified above has been provided to Mills College in another capacity, these acknowledgements and rights do not apply to the collection, processing, distribution, or retention of such data.

**CHOICE OF LAW:** I hereby agree that this Agreement shall be construed in accordance with the laws of the State of California.

**SEVERABILITY:** If any term or provision of this Agreement shall be held illegal, unenforceable, or in conflict with any law governing this Agreement, the validity of the remaining portions shall not be affected thereby.

**I HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND ITS TERMS.**

**I AM AWARE THAT THIS AGREEMENT INCLUDES A RELEASE AND WAIVER OF LIABILITY, AN ASSUMPTION OF RISK, AND AN AGREEMENT TO INDEMNIFY THE RELEASEES.**

**I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS AGREEMENT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

**BY MY SIGNATURE, I REPRESENT THAT I AM AT LEAST EIGHTEEN YEARS OF AGE.**

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Name of Participant

Signature of Participant

Date