

Attachment: A

Colorado Mountain College
Study Away Student Participation Agreement

Program Name: Culture & Conflict: U.S. Cultural Identity
Instructor: Cynthia Zyzda & Bob Gumbrecht
Destination(s): Washington D.C.
Trip Dates: September 26, 2021- October 2, 2021

My participation in this activity is conditional upon the following:

1. I agree to follow the laws of the United States at all times while traveling.
2. I will not possess or use illegal drugs at any time during travel. I understand that this could have serious consequences, including lengthy incarceration, and that neither CMC or the U.S. Government will be able to assist me if I am arrested or detained for illegal drug use or possession.
3. I agree to carefully review all orientation materials provided by CMC and the background and health information provided.
4. I agree to adhere to all written and verbal instructions, rules, and expectations given by the course instructors, partnering organization instructors, administrators and program leaders. Faculty and other members charged with leadership of the curriculum and activities while on a trip may, for any reason in their sole judgement related to the safety, welfare or quality of the educational experience being offered, choose to remove a student at any time from a program. In the event this occurs, the student will be sent home with a plan identified by the trip leaders. Students will be responsible for any and all additional costs associated with early removal from a CMC program.
5. I agree to promptly provide all completed forms and documentation requested by the course instructors.
6. I understand that the program fee INCLUDES lodging, 2 meals, ground transportation (subway) while in D.C., and program related fees. I also understand the trip fee EXCLUDES trip cancellation insurance and health insurance, airfare, and other meals.
7. I understand that travel delays and changes to the travel and course itineraries can occur at any time, and I agree that CMC is not responsible for any unexpected occurrences, inconveniences, or additional expenses that result from cancelation, delay, or itinerary changes. Political instability, environmental conditions, health emergencies, or other regional activities may impact the viability and safety of a trip, requiring immediate itinerary modification or cancellation at any time, including during the trip.
8. I will do my best to adjust my expectations and adapt to these differences in the spirit of learning and exploration.

9. I agree to participate fully in all course-related activities. I understand that full participation includes avoiding conduct during free time that may hinder my ability to focus and actively participate in course activities (i.e., get sufficient sleep and avoid excessive alcohol consumption, etc.).
10. I agree to maintain regular communication with the course instructors regarding any concerns I may have about my participation or activities.
11. During free time, I agree to communicate my plans (including destination and time frame) to the course instructors; to take only legitimate, safe transportation (which will be established by faculty director), and to be particularly cautious about going out at night. I also agree to abide by limitations to free time activities that may be established by the course instructors.
12. I will demonstrate respect and consideration for the course instructors, partnering organization instructors, administration, host families, other participants in the program.
13. **I understand and agree that failure to adhere to the terms of this agreement may result in the immediate termination of my participation in this program and that I may be sent home at my own expense.**

Printed Name: _____

Signature: _____

Date: _____

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Medical Information

Medical Emergency Contact Information

Person to Contact First:

Name _____

Relation to Participant _____

Cell Phone (_____) _____

Other Phone (_____) _____

Backup Contact (Relative or Friend):

Name _____

Relation to Participant _____

Cell Phone (_____) _____

Other Phone (_____) _____

Personal Medical Information

If you answer YES to any of the questions on this form, or if you have any other medical concerns related to the class, it is recommended that you see your physician well in advance of the trip departure.

Please List all medications you are currently taking and their purpose:

	Ye s	No
Heart problems		
Chest pains		
High blood pressure		
Feeling faintness or spells of dizziness		
Extreme breathlessness after mild exercise		
Bone, joint, muscle or back problems		
Diabetes		
Chronic illness (please describe)		
Surgery (please describe)		
Allergies (please describe)		
Family history of heart disease		
Currently pregnant?		
Are you capable of vigorous physical exercise?		
Do you smoke?		
Any other medical conditions for which trip leaders should be aware? (please describe)		

To the best of my knowledge, I am physically capable of participating in this program, and I am not aware of any medical conditions that would prevent me from participating.

Printed Name: _____

Signature: _____ **Date:** _____