Moraine Valley Community College

STUDY ABROAD APPLICATION AND WAIVER OF LIABILITY/HOLD HARMLESS AGREEMENT

Complete this form, save it as a PDF and email the PDF to *fefles@morainevalley.edu*.

This event offers a unique opportunity to gain field experience for an extended period of time. The program relies on the cooperation and good will of various private businesses, individuals, organizations and government entities, particularly the businesses, individuals, organizations and government entities of the nation of Greece.

Because of our obligations to those persons and agencies and because we understandably cannot assume responsibility for the various persons and agencies, which are in different ways connected with our program, we ask that you adhere to the following terms and conditions of participation. Your dated signature indicates that you understand and agree to those terms and conditions.

The Code of Conduct and Student Life Office and/or the appropriate sub-division Dean's office reserve the right to deny, cancel, or discontinue any participant's trip with reasonable cause.

Student Name _____

Student ID _____ Age _____

Cell Phone # _____ Do you accept texts to this number? Yes_____ No_____

Address _____ City _____ State _____ Zip Code _____

Location of Trip: Athens, Greece as well as other locations throughout Greece

Course and Trip Dates: Approximately May 21-June 7, 2025

Emergency Contact Name _____

Phone _____ Alternate phone_____

Parent/Emergency Address _____

City _____ State _____ Zip Code _____

Second Emergency Contact Name: _____ Cell Phone: _____

Total # of Credit Hours Accumulated: _____ Current GPA: _____

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I acknowledge that this is a college trip and that I must comply with the Moraine Valley Code of Student Conduct, the rules of the host institution/ lodging/conference/sports facilities, and the local laws and ordinances of our host city, including traffic laws. I also acknowledge that these expectations remain even if I provide my own transportation. Additionally, I agree to the following:

1. I understand that I will be a guest of a foreign country. I understand that I must abide by the rules and laws of that nation. I further understand that I must respect their customs and be a respectful traveler.
2. I recognize that certain risks are associated with travel. I confirm that I am physically, mentally and emotionally capable of assuming the normal risks of this trip.
3. I understand that the trip itinerary may change due to weather or other circumstances. I will remain flexible and follow instructions.
4. I understand that I am responsible for my travel to Athens, Greece. I understand there is an option to fly with Professor Fefles and other students if I so choose but I may choose to fly on my own. I am responsible for any risks incurred by traveling alone, as well as delays/ cancellations. I acknowledge the college is not responsible for any delays or cancellations to the itinerary.
5. I understand I am responsible for travel to and from O'Hare International Airport on Departure and Arrival Day.
6. I will attend and be on time for all aspects of the program (classes, departure times, retreats, meetings, etc.).
7. No excessive consumption of alcohol or underage consumption of alcohol. According to the Moraine Valley Code of Student Conduct: Use, possession or distribution of alcoholic beverages except as expressly permitted by the law and college regulations, as well as public intoxication while on college premises, off-campus instructional sites, or at college-sponsored or supervised functions is prohibited.
8. I will not participate in or encourage any form of sexual harassment, which includes any unwelcome sexual advances or requests for sexual favors, or any misconduct of a sexual nature.
9. I will treat others with respect, cooperate with other participants, and comply with the directions of Professor Fefles, as well as advisors/professors at American College of Greece.
10. I understand it is my responsibility to stay with the group. If I stray from the group and get lost, this is my responsibility, and the college does not assume liability.
11. I will not participate in anything outside of scheduled activities unless first approved by Professor Fefles.
12. I understand that meals may be scheduled at set times as determined by Professor Fefles/American College of Greece. If I miss a scheduled meal, I may be responsible or finding and paying for my own meal.
13. I will leave all accommodations (hotel room, conference rooms, transportation, etc.) as I found them. I will not leave trash in or damage any facilities.
14. I understand that I must sleep in the assigned room/bed. If I have an issue with the room I have been assigned, I need to speak to Professor Fefles and/or advisors at American College of Greece.
15. I will not charge amenities to the hotel room (e.g. in-room dining, movie/game rental, internet/Wi-Fi service, local/long distance phone calls, etc.)
16. If at any time I am uncomfortable or have a problem, I will speak with Professor Fefles for assistance.
17. I agree that I will receive no refunds for any missed portion of the trip and I am responsible for any additional fees that may be incurred due to my actions or dismissal.

I have read and understand the terms of this hold harmless agreement and expectations of the trip, and I agree to abide by them. In addition, it is understood that I am totally responsible for my behavior and in no way is the college or any college personnel liable for the effects of my conduct on the trip. I understand that if I violate any of these rules or engage in any prohibited conduct as stated in the Code of Student Conduct, I may be sent home immediately at my own expense and I will be referred to the Code of Conduct Office for possible disciplinary action. I assume all related risks, both known and unknown to me, of my participation in this activity, including travel to, from and during the activity. (If student is under 18 years of age, parental approval is also necessary.)

Student Signature _____ Date_____

Parent Signature (if a minor) _____ Date_____

Faculty Coordinator Signature _____ Date _____