High Point Washington
Course Equivalency Approval

Participants’ Information (please type)
Name: ____________________________
Major(s): ____________________________
HPU ID: ____________________________
Program Provider: High Point Washington at TWC, Washington, DC
Program Dates (including year): ____________________________

Academic Advisor(s): ____________________________

Instructions for the Student
It is your responsibility to investigate and understand how the High Point Washington program affects your degree program(s). By completing this form, you and your academic advisor will be aware of how credits taken in Washington will be awarded by High Point University. Please type or write (in ink) the academic course you and your academic advisor have agreed for you to complete at The Washington Center (TWC). In case you are unable to register for a particular academic course, please also provide a few alternates. For the internship hours, your advisor should also indicate how the hours will be awarded. Then, obtain the appropriate equivalency approval for each course: courses for which you plan to receive major credit, you’ll need the granting department’s chair’s approval; University Core credit, the appropriate academic dean’s approval; Global Studies credit, Dr. Chris Franks, Chair of the GBS Committee; and elective credit, your academic advisor’s approval. When scheduling meetings with each department chair(s), academic dean(s), the GBS Chair, and your academic advisor, you should provide information regarding each course you list (i.e., course title, course description, and syllabus, if available).

Instructions for the Department Chair, GBS Chair, and Academic Dean
The student listed above is requesting HPU equivalency credit for courses which may be taken as part of the High Point Washington program. Please review the supporting documentation (i.e., course description and syllabus, if available) for each course. Please list the HPU course for which the student will receive credit. Then initial in the Department or GBS Chair Approval space. If you feel the course is not worthy of granting HPU credit, even as elective credit, write “No Major Credit” (or other appropriate notation) in the HPU Course Equivalent space and explain to the student that elective credit is subject to the criteria below. Note: You can also indicate “TBD upon review of full syllabus”.

Instructions for the Academic Advisor
The student listed above is planning to take the courses listed below as part of the High Point Washington program. Please initial by each course if the course satisfies a requirement for the student’s degree. Then sign below to acknowledge that you and the student have discussed the selection of these courses and the criteria below. Note: You can also indicate “TBD upon review of full syllabus”.

Important Information Regarding High Point Washington Credit
- HPU will not award credit for a course which duplicates credit received at HPU for coursework completed prior to TWC participation.
- Credit hours for courses taken at TWC are determined by the HPU Registrar.
- Note that federal financial aid will be dispersed only for courses required for a student’s degree (i.e., general education courses, major courses, and electives necessary to meet graduation requirements).

With approval, the courses below may count towards the student’s major, minor, or core requirements:

<table>
<thead>
<tr>
<th>TWC Academic Course (Students will take 1 course but may list options in case a requested course is unavailable)</th>
<th>HPU Course Equivalent</th>
<th>Major, minor, core, elective</th>
<th># of Hours</th>
<th>Department or GBS Chair Approval*</th>
<th>Dean Approval*</th>
<th>Academic Advisor Initials</th>
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TWC Internship Hours
(Students will earn 8 hours of internship credit in Summer and 12 hours in Fall/Spring; any unassigned credits will count as general elective credit and count toward graduation)

<table>
<thead>
<tr>
<th>TWC Internship Hours</th>
<th>HPU Course Equivalent</th>
<th>Major, minor, core, elective</th>
<th># of Hours</th>
<th>Department or GBS Chair Approval*</th>
<th>Dean Approval*</th>
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To be completed by the Academic Advisor
Your signature below acknowledges that you and the student listed above have discussed the selection of these courses and how they will affect the student’s degree program and progress towards graduation and indicates that you approve the proposed awarding of credit.

Academic Advisor’s Signature: ____________________________
Date: ____________________________
Accounting, Economics & Finance – Dr. George Noxon
E-mail: gnoxon@highpoint.edu
Phone: 336-841-9233 Office: Wilson School of Commerce 313

Art, Graphic Design – Mr. Scott Raynor
E-mail: sraynor@highpoint.edu
Phone: 336-841-4671 Office: Norton Hall 204

Biology, Environmental Science – Dr. Angelea Bauer
E-mail: abauer@highpoint.edu
Phone: 336-841-9501 Office: Congdon Hall 217

Business Administration, Management – Dr. Wes Davenport
E-mail: wdavenport@highpoint.edu
Phone: 336-841-9164 Office: Wilson School of Commerce 325

Chemistry & Biochemistry – Dr. Brian Augustine
E-mail: baugusti@highpoint.edu
Phone: 336-841-9405 Office: Congdon Hall 312

College of Arts and Sciences – Dr. Carole Stoneking
E-mail: cstoneking@highpoint.edu
Phone: 336-841-9168 Office: Roberts Hall 219

Communications – Dr. Stefan Hall
Media & Popular Culture, Game & Interactive Media Design
E-mail: sshall@highpoint.edu
Phone: 336-841-9567 Office: Quebin School of Communications 340

Communications – Dr. Wilfred Tremblay
Strategic Communications & Journalism
E-mail: wtremblay@highpoint.edu
Office: Quebin School of Communications 360

Communications – Dr. Michelle Devlin (Assistant to Dr. Tremblay)
E-mail: mdevlin@highpoint.edu
Office: Quebin School of Communications 361

Criminal Justice – Dr. Bobby Little
Email: blittle@highpoint.edu
Phone: 336-841-4635 Office: Norcross Hall 104

Education – Dr. Mariann Tillery
E-mail: mtillery@highpoint.edu
Phone: 336-841-9286 Office: School of Education 239

English – Dr. William Carpenter
Email: wcarpent@highpoint.edu
Phone: 336-841-9339 Office: Norcross Hall 207

Exercise Science – Dr. Tony Kemerly
Email: skemerly@highpoint.edu
Phone: 336-841-4653 Office: Norcross Hall 217

French, Italian, German, Russian, Chinese – Dr. Carole Head
E-mail: chead@highpoint.edu
Phone: 336-841-9289 Office: Wilson School of Commerce 102

Global Studies – Dr. Chris Franks
E-mail: cfranks@highpoint.edu
Phone: 336-841-4501 Office: David Hayworth Hall 206

History – Dr. Rick Schneid
E-mail: fschneid@highpoint.edu
Phone: 336-841-9238 Office: David Hayworth Hall 129

Honors Scholars Program – Dr. Mark Toole
E-mail: mtoole@highpoint.edu
Phone: 336-841-9223 Office: David Hayworth Hall 216

Human Relations, Anthropology Sociology, Non-Profit Management – Dr. David Bergen
Email: dbergen@highpoint.edu
Phone: 336-841-4586 Office: Norcross Hall 243

Interior Design – Dr. Jane Nichols
E-mail: jnichols@highpoint.edu
Phone: 336-841-9565 Office: Norton Hall 206

Marketing – Dr. Richard Parker
E-mail: rpark@highpoint.edu
Phone: 336-888-6301 Office: Wilson School of Commerce 338

Mathematics & Computer Science – Dr. Rob Harger
Email: rharger@highpoint.edu
Phone: 336-841-9659 Office: Congdon Hall 152

Music – Dr. Marc Foster
E-mail: mfoster@highpoint.edu
Phone: 336-841-4551 Office: Fine Arts 109

Physics, Astronomy & Earth Science – Dr. Aaron Titus
E-mail: atitus@highpoint.edu
Phone: 336-841-4668 Office: Congdon Hall 361

Political Science & International Relations – Dr. Mark Setzler
E-mail: msetzler@highpoint.edu
Phone: 336-841-9018 Office: Roberts Hall 343

Psychology – Dr. Greggory Hundt
E-mail: ghundt@highpoint.edu
Phone: 336-841-4631 Office: School of Education 226

Religion, Philosophy & Ethics – Dr. Clint Corcoran
E-mail: ccorcoran@highpoint.edu
Phone: 336-841-4527 Office: David Hayworth Hall 220

Service Learning – Dr. Joe Blosser
E-mail: jblosser@highpoint.edu
Phone: 336-841-9337 Office: David Hayworth Hall 200B

Spanish – Dr. Hayden Carron
E-mail: hcarron@highpoint.edu
Phone: 336-841-9016 Office: Wilson School of Commerce 119

Theatre & Dance – Mr. Ed Simpson
E-mail: esimpson@highpoint.edu
Phone: 336-841-4548 Office: Fine Arts 305

Women & Gender Studies – Dr. Jenn Brandt
E-mail: jbrandt@highpoint.edu
Phone: 336-841-9558 Office: Norcross Hall 209
Participant’s Information (please type)

Student’s Name: ____________________________
HPU ID: ______________________
Program Session: ____________________________
Year: ____________________________

CONSENT FOR RELEASE OF RECORDS AND INFORMATION

By signing below, I authorize release to any official representatives of High Point University’s High Point Washington Program any information related to my academic performance, disciplinary record, medical records, or disability documentation. I acknowledge that the purpose of the release is to assist in the assessment of my application for the High Point Washington program and to facilitate my experience. Furthermore, I understand that the presence of a disciplinary file, a medical or mental health condition, or a disability does NOT automatically disqualify me from the High Point Washington program.

I understand that acceptance into this program is granted based on my current disciplinary status. I understand that any change in this status may affect my ability to participate in this program. I further understand that disciplinary removal from this program prior to its start may result in forfeiture of program fees. Refund for the cost of tuition will be honored according to the High Point University tuition and The Washington Center’s refund schedules.

Student’s Signature: ____________________________ Date: ____________________________

To Be Completed by HPU’s Office of Student Life

Disciplinary Standing:
The applicant has signed the Consent for Release of Records and Information above, and thereby permits the Office of Student Life to release information to the High Point Washington Program in relation to the applicant’s disciplinary standing at High Point University or any other matters of relevance.

____ I have verified that the applicant’s record makes no mention of any disciplinary infractions.

____ I have verified that the applicant’s record makes mention of only minor disciplinary infractions and destruction charges totaling less than $50 (details not required).

____ The student has been found responsible for major offenses of the Student Code of Conduct. Please explain:

Official’s Name: ____________________________ Phone: ____________________________
Title/Position: ____________________________ Email: ____________________________
Official’s Signature: ____________________________ Date: ____________________________

PLEASE RETURN THIS FORM TO:

Dr. Jana Spain, Director, High Point Washington • School of Education 227
833 Montlieu Avenue, Drawer 37 • High Point, NC 27262-3598
Phone 336.841.4541 • jspan@highpoint.edu
High Point Washington
Participant Agreement

THIS IS A RELEASE OF LEGAL RIGHTS – READ AND UNDERSTAND BEFORE SIGNING

Student’s Name: _____________________________________________________________  HPU ID: _________________________

Program: High Point Washington/The Washington Center, Washington, DC  Study Period: __________ Year: _________

This Participant Agreement (this “Agreement”) is designed to protect High Point University, its officers, directors, employees, agents, affiliates, and representatives (collectively, “HPU”) from liability associated with the off-campus program identified above (the “Program”). Students of HPU who elect to participate in the Program must read and sign this Agreement to indicate their awareness, acknowledgement, and consent to the terms contained herein.

I, ____________________________, am a student of HPU and plan to participate in the Program. In consideration for being permitted to participate therein, I hereby agree and represent that:

1. Programs and Fees

I understand that students of HPU may participate in a variety of off-campus programs, including without limitation, programs operated by HPU, affiliated with HPU, and unaffiliated with HPU. I also understand that the costs and expenses associated with each of these programs may differ significantly. Therefore, I represent that I have reviewed all applicable documentation regarding the Program (the “Program Documentation”) and understand the courses, credits, services, activities, arrangements, and accommodations associated with such costs and expenses. I understand that there are additional expenses related to my Program that are not included in the Program’s fee paid to HPU (e.g., airfare, insurance, food, and transportation costs) for these semester or summer programs. I agree that I have had the opportunity to consult with the Director of High Point Washington about these expenses. I specifically understand that the HPU all-inclusive, academic-year fee only applies to programs operated by HPU, affiliated with HPU, and certain exchange programs, and DOES NOT APPLY to unaffiliated programs. I further understand that I will be responsible for the payment of all costs and expenses associated with the Program.

2. Travel Arrangements

To the extent that HPU operates the Program, I understand that HPU will make reasonable efforts to do so in accordance with the Program Documentation. However, I acknowledge and agree that HPU may alter, amend, or modify the Program at any time and for any reason that HPU, in its sole discretion, deems necessary or advisable to promote the Program’s objectives, protect the health, safety, or welfare of the Program’s participants, or otherwise satisfy HPU’s institutional needs. I also acknowledge and agree that HPU will not be responsible for any costs or expenses resulting from such alteration, amendment, or modification. I further acknowledge and agree that, even if the Program is operated by HPU, HPU does not represent, act as an agent for, and cannot control the acts or omissions of third-party providers such as host institutions, commercial carriers, or hotel operators, and, as described in Section 6, HPU will not be responsible for any loss or damage caused by such providers.

3. Communication Requirements

a. I understand that maintaining contact with the Program Director, family members, The Washington Center officials, and HPU officials during the Program is very important for health, safety, and emergency reasons. Therefore, I agree to maintain contact and regularly communicate with such persons during the Program. I further agree that, if I lose communication or contact with the Program leaders or participants, as applicable, I will use my best efforts to regain such communication and contact at my own expense.

b. I understand that there may be instances when HPU needs to communicate with non-HPU program operators or government officials about my participation in the Program.

4. Medical Issues

a. I represent that I have consulted with a licensed physician within the last sixty (60) days regarding my participation in the Program and, based on that consultation and knowledge of my own health, I am fit to participate in the Program, including all travel incident thereto.

b. I understand that obtaining prescription medication during the Program may be difficult or impossible. Therefore, I acknowledge that HPU recommends that I pack an appropriate supply of any medications that I am prescribed for the Program or secure a means of obtaining such medications during the Program.
c. I understand that domestic and international travel may expose me to certain conditions, diseases, and illnesses. Therefore, I represent that I have: (i) made a reasonable investigation into the areas that I will be visiting during the Program; (ii) reviewed the health-related recommendations of the U.S. Center for Disease Control and Prevention (the “CDC”), found at http://www.cdc.gov, for those areas, including recommended immunizations and inoculations; and (iii) made an informed decision to accept or reject those recommendations. I also acknowledge that HPU strongly recommends that I accept and take steps to implement the CDC’s recommendations before the Program begins.

d. I understand that: (i) I am responsible for my own healthcare during the Program; (ii) I am responsible for all costs and expenses associated with such care; and (iii) HPU is not obligated to pay for any such care, including without limitation, prescription medications, medical treatments, hospital visits, or emergency evacuations. I further understand that HPU cannot control and is not responsible for maintaining any medical standard of care, quality of treatment, or access to medical facilities during the Program.

e. If I am injured or become ill during the Program, I hereby authorize HPU to secure hospitalization and/or medical treatment for me and I agree to pay all costs and expenses related thereto. In the event of such an injury or illness, I also authorize HPU to disclose personally identifiable information to others as necessary to secure such hospitalization and/or treatment.

5. Program Risks and Assumption of Program Risks
I understand that participation in the Program involves risks of personal injury, property damage, and other loss associated with traveling to, within, and returning from one or more off-campus locations and with Program activities which may be further described in Program documentation. I also understand that such travel may expose me to dangerous and unpredictable political, legal, social, and environmental conditions, as well as standards of health and safety less than those maintained at HPU.

6. Release of Liability
Except as directly caused by the negligence or intentional misconduct of HPU, I HEREBY AGREE TO RELEASE, INDEMNIFY, DEFEND, AND HOLD HPU HARMLESS from and against any and all claims, demands, actions, causes of action, damages, losses, fines, penalties, judgments, costs, expenses, and reasonable attorneys’ fees (collectively “Damages”) that may arise in any way from my voluntary participation in the Program, including without limitation, Damages resulting from my own acts or omissions. I acknowledge and agree that this release of liability includes Damages caused by third-party providers and other Program participants.

7. Standards of Conduct
a. I understand that different locations (i.e., towns, cities, counties, states, countries) may have different laws, rules, and regulations regarding, among other things, conduct, dress, and drug and alcohol use (collectively, “Local Laws”). I also understand that violations of Local Laws may result in harm to me, my property, the Program, the Program’s participants, and HPU. Therefore, I represent that I will: (i) make a reasonable investigation into Local Laws before the Program begins; and (ii) comply with all Local Laws during the Program.

b. I understand that all rules applicable to students of HPU will apply to me during the Program (“HPU Rules”). I also understand that the HPU Rules include, without limitation, the HPU Code of Conduct. Therefore, I represent that I will comply with the HPU Rules and the reasonable guidance and directives of Program leaders during the Program.

c. I acknowledge and agree that HPU may enforce the HPU Rules during the Program. I further acknowledge and agree that if I violate the HPU Rules during the Program, I may be subject to discipline up to and including immediate expulsion from the Program. I recognize that due to the off-campus nature of the Program, normally applicable procedures of notice, hearing, and appeal in student disciplinary proceedings may not be practicable and, therefore, may not apply. Therefore, I hereby waive all claims of inadequate disciplinary procedures that may arise out of my discipline by HPU during the Program. If I am removed from the Program, I consent to being sent home at my own expense, with no refund or reimbursement of any kind.

d. I understand that: (i) I am fully responsible for any legal costs and expenses that I incur during the Program; (ii) I am fully responsible for any encounters that I have with any governmental or law enforcement entities or officials during the Program; and (iii) HPU will not be responsible for paying any such costs or expenses or providing any legal assistance to me during the Program.

8. Program Changes
a. I understand that the Program is subject to modification or cancellation because of events beyond the control of HPU or the applicable Program operator, including without limitation, natural disasters, political instability, or threats or acts of terrorism. I also understand that if such an event occurs, Program fees and expenses may not be refunded. I further understand that the Program fees and charges contained in the Program Documentation are based on current airfares, lodging rates, travel costs, and exchange rates which are subject to change and for which I am financially responsible. I further understand that if I withdraw from or leave the Program for any reason, Program fees and expenses may not be refunded.

b. If the Program is cancelled by HPU due to insufficient participation, I understand that the application fee and monies paid to the balance of the Program fee(s) will be refunded to me.
9. Insurance and Other Expenses
During the Program, I will maintain health insurance with terms and conditions reasonably satisfactory to HPU and may be asked to provide documentation of coverage before departure. During the Program, I also understand that I will be responsible for my own travel, baggage, and life insurance coverage. I further understand that I am responsible for all debts and expenses I incur while participating in the Program, other than those covered by the required program fees.

10. Academic Credits
I acknowledge that academic credits earned during this study program for courses offered by High Point University will be reflected on the HPU Transcript with grades that will average into my GPA.

11. Interpretation of Agreement
I acknowledge and agree that the laws of the State of North Carolina, without regard to its conflict-of-laws principles, will govern all matters arising out of or relating to this Agreement, including its interpretation, construction, and enforcement. I also acknowledge and agree that any claim or action arising out of or relating to this Agreement will be brought exclusively in a court of competent jurisdiction in Guilford County, North Carolina, and I voluntarily submit to the jurisdiction of such courts for this purpose. I further acknowledge and agree that: (i) if any portion or provision of this Agreement is adjudged to be invalid or unenforceable, then the remainder of this Agreement will continue in full force and effect (ii) if any such portion or provision is adjudged invalid or unenforceable, then it will be modified or partially enforced to the maximum extent permitted by law to carry out the purpose of this Agreement; and (iii) in the event of my death or disability, the terms of this Agreement will be binding on my estate, and my personal representative, executor, administrator, parent, or legal guardian will be obligated to respect them.

I have carefully read and I understand this Agreement. No representations, statements, or inducements, oral or written, apart from the foregoing, have been made. My decision to participate in the Program is entirely voluntary, and prior to signing this Agreement, I have had the opportunity to consult with the advisor, counsel, or attorney of my choice.

Student's Signature: ____________________________________________________________ Date: ____________________

If the student whose signature appears above is less than eighteen (18) years of age, this Agreement must also be signed by his or her parent or legal guardian.

I am the parent or legal guardian of the student above. I have read this Agreement and voluntarily agree to be bound by its terms.

Signature: ________________________________________________________________________ Date: ____________________
Please answer each of the questions below. It is in your best interest to provide a candid evaluation of your physical and emotional health. We hope to create an awareness of any health issues to be taken into consideration before you go and as needed while you are at the Washington Center. We appreciate your cooperation in completing this form and adding any information that you feel is relevant to your well-being and participation in the program.

Submit this original completed document along with your application and keep a photocopy on your person at all times. If on religious or other grounds the student or her/his parent/guardian is unwilling to sign the Permission for Emergency Medical Authorization and Release, a written explanation signed by both the participant and her/his parent or guardian must be attached and returned to the High Point Washington Office, School of Education 227.

Personal Information (please type)
Last Name: ___________________________________________ Given Names: ________________________________
Date of Birth: ___________________________ Gender: __________________ Student ID#: ___________________________

General Health & Medications (please type)
1. Will you require any medical attention while at TWC, or do you have any conditions (including dietary restrictions) which may affect your participation in the program?
   ________________ If YES, please explain:

2. Do you have any medical conditions which may, under stress or duress, require immediate medical attention during your participation in the program (e.g., epilepsy, heart trouble, asthma, ulcers, hemophilia, diabetes, past illness)?
   ________________ If YES, please explain:

3. Do you have any conditions or impairments which may affect your emotional or mental well-being during your participation in this program?
   ________________ If YES, what kind of accommodations or support might be needed (e.g., classes, counselors, signers)?

4. Do you currently receive treatments or take prescribed medications on a regular basis?
   ________________ If YES, please explain:

5. Will you be able to perform the essential functions of this program?
   ________________ If NO, please explain:

NOTE: If you are a person with a diagnosed disability and would require a reasonable accommodation to perform the essential functions of this study abroad program, please contact the HPU Academic Services Center before submitting this form.

6. What is your blood type (if known)? ________________________________
**Allergies (please type)**

7. Do you have any dietary restrictions or known food allergies?  
   _________________ If YES, please explain:

8. Are you allergic to the following?  
   a. Penicillin: _______________  
   b. Sulfas: _______________  
   c. Aspirin: _______________  
   d. Local anesthetic: _______________  
   e. Other? ________________________________________________________________________

9. Do you have any other allergies (e.g., bee stings, environmental)?  
   _________________ If YES, please explain:

**Primary Emergency Contact (please type)**  
Name: ___________________________  
Address: ___________________________  
City: ___________________________ State: ______ Zip Code: ______ Country: ______  
Day Phone: _______________ Evening Phone: _______________ Cell Phone: _______________  
Relationship to Applicant: ___________________________  

**Secondary Authorized Person (please type)**  
Name: ___________________________  
Address: ___________________________  
City: ___________________________ State: ______ Zip Code: ______ Country: ______  
Day Phone: _______________ Evening Phone: _______________ Cell Phone: _______________  
Relationship to Applicant: ___________________________  

**EMERGENCY MEDICAL AUTHORIZATION AND RELEASE**

On occasion, emergencies arise which may require medical care, hospitalization or surgery for a program participant. In order for such treatment to be administered without delay, we ask that participants sign the following statement authorizing High Point University or its partners, to secure, at the expense of the participant, any treatment deemed necessary:

In the event of injury or illness, if I am unable to do so myself, I hereby authorize the Resident Director or other official appointed by High Point University to secure any necessary treatment, at my expense, including administration of anesthetic and surgery, and such medication as may be prescribed. It is further agreed that, if my condition so requires, I may be evacuated to the United States at my own expense.

I hereby release High Point University and/or any cooperating institution and their officers and agents from any and all claims and causes of action for damage to or loss of property, medical or hospital care, personal illness or injury, or death arising out of any travel or activity conducted by or under the control of High Point University or cooperating institutions.

I have read all the information on this form. I certify that the information I provided on this sheet is true and correct to the best of my knowledge. I consent to the Authorization and Release. I understand that this information may be shared with my program provider, program leader, or host institution.

Student’s Signature: ___________________________ Date: ___________________________  

Parent/Guardian’s information, if the applicant is under 18:  
Parent/Guardian’s Name: ___________________________  
Parent/Guardian’s Signature: ___________________________ Date: ___________________________
High Point University
Domestic or International Overnight Travel
Assumption of Risk, Health Disclosure, and Release

For Students Participating in High Point University Overnight Travel Programs

THIS IS A RELEASE OF LEGAL RIGHTS – READ AND UNDERSTAND BEFORE SIGNING.

Full Legal Name of Applicant: ________________________________ (please print)
Student ID#: __________________________ Date of Birth: ________________
(If Applicant is under 18 years of age, a parent or legal guardian must also read and sign this form.)
Study Program: High Point Washington at The Washington Center, Washington, DC
Study Period: __________________________ Year: ________________

The following agreement is designed to protect students, faculty, High Point University, and the other universities, programs, agents and agencies cooperating with High Point University. We ask that all applicants (and parents as necessary) sign this form to indicate their agreement and consent to the terms contained herein.

High Point University does not discriminate against individuals who have or have had physical, emotional, or mental disorders. Such information may be important, however, in trying to place students in appropriate domestic or international travel programs, particularly when their medical condition(s) may pose a risk to the health and safety of themselves and/or others. In addition to the requirements of this form, applicants are invited to provide the Director of High Point Washington and the Washington Center with any health information they feel may be helpful in either selecting or participating successfully in this program.

I hereby agree as follows:

1. Risks of Off-Campus Domestic or International Travel. I understand that participation in off-campus domestic or international travel programs involves risks not found in study on the High Point University campus. These include risks involved in traveling to and within, and returning from, one or more domestic or international locations; different standards of design, safety, and maintenance of buildings, public places, and conveyances; local medical and weather conditions; and other matters. I have made my own investigation and am willing to accept these risks.

2. Institutional Arrangements. I understand that High Point University does not represent or act as an agent for, and cannot control the acts or omissions of, any affiliate or host institution, host family, transportation carrier, hotel, tour organizer, or other provider of goods or services involved in off-campus domestic or international travel programs. I understand that the University is not responsible for matters that are beyond its control. I hereby release the University from responsibility for any injury, loss, damage, accident, delay, or expense arising out of any such matters.

3. Orientation. I understand that I am required to attend all classes, orientation sessions, and pre-departure meetings. It is my responsibility to make arrangements to attend these mandatory meetings.

4. Site-Specific Issues. I understand that there may be cultural, economic, legal, political, behavioral, and societal factors which may impact this program and my participation. I agree to make reasonable effort to acquaint myself with these factors and to adjust my behavior accordingly.

5. Independent Activity. I understand that the University is not responsible for any injury or loss I may suffer when I am traveling independently or otherwise separated or absent from any University-supervised activities. I also understand that maintaining contact with the program leaders and other
program participants may be very important for safety, health, and emergency purposes. I agree to maintain ongoing communication with these persons and to let them know my general whereabouts should the need to contact me arise.

6. Health Considerations, Disclosure, and Safety. I have consulted with a medical doctor with regard to my personal medical needs. There are no health-related circumstances which preclude or restrict my participation in off-campus domestic or international travel programs.

Section A. If I have experienced any medical or psychological problems which may pose a direct threat to the health or safety of myself and/or others while I am participating in an off-campus domestic or international travel program, I will provide the details of any such problems in the space provided below or on attached pages. **For those individuals with diagnosed disabilities, the use of such information will be limited to those purposes permitted by the Americans with Disabilities Act of 1990. I agree to inform High Point University as early as possible, but no later than two months prior to the start of the program, of any conditions for which I may need special accommodation.**

Description of medical or psychological needs: ___________________________________________________

________________________________________________________________________________________

Section B. I am aware of all applicable personal medical needs. I have arranged, through insurance or otherwise, to meet any and all needs for payment of medical costs while I participate in any off-campus domestic or international travel programs. I recognize that High Point University and the program staff will, on a best-efforts basis, attend to any of my medical or medication needs or hospital care during my participation in any off-campus domestic or international travel program, and that High Point University is not responsible for the cost or quality of such treatment or care. If I have supplied health information in Section 6(A) or in attachments to this document, I agree that High Point University’s knowledge of such information does not render the University responsible for any related harm caused to myself or others and that the University is not liable for any damages that may result from any health condition(s) described therein.

Section C. The University may (but is not obligated to) take any actions it considers to be warranted under the circumstances regarding my health and safety. **I agree to pay all expenses relating thereto and release the University from any liability for any such actions.**

Section D. I understand that domestic or international travel may expose me to certain illnesses or diseases. I have consulted my own doctor or other appropriate health officials, and I have acquired the necessary immunizations required by the U.S. Center for Disease Control for the areas I am visiting.

7. Standards of Conduct. I recognize that behavior which violates the laws or standards of domestic or international locations outside High Point University could harm the University’s relations with those locations and the institutions therein, as well as my own health and safety.

Section A. I will become informed of, and will abide by, all such laws and standards for each location to or through which I will travel during the program.

Section B. I also will comply with High Point University rules, standards, and instructions for student behavior. I waive and release all claims against the University that arise at a time when I am not under the direct supervision of the University, or that are caused by my failure to remain under such supervision or to comply with such rules, standards, and instructions.
Section C. I agree that the University has the right to enforce the standards of conduct described above, in its sole judgment, and that it will impose sanctions, up to and including expulsion from the program, for violating these standards or for any behavior detrimental to or incompatible with the interest, harmony, and welfare of the University, the program or other participants. I recognize that due to the circumstances of off-campus domestic or international travel programs, procedures for notice, hearing, and appeal applicable to student disciplinary proceedings at the University do not apply. If I am expelled, I consent to being sent home at my own expense with no refund of fees.

Section D. I will attend to any legal problems I encounter in any domestic or international locations outside High Point University. High Point University is not responsible for providing any assistance under such circumstances.

Section E. I acknowledge and understand that I am solely responsible for obtaining and keeping safe my identification, money, travelers checks, tickets, jewelry, and other property and that the University assumes no liability whatsoever for any loss, damage, destruction, theft or the like to my luggage or personal belongings. I acknowledge that I have obtained adequate insurance or that I have sufficient funds to replace such belongings.

Section F. I hereby agree to accept all responsibility for loss or additional expenses due to delays or other changes in the means of transportation, other services, or sickness, weather, strikes, or other unforeseen causes. I further agree that, in the event I become detached from the off-campus domestic or international travel group, fail to meet a departure bus, airplane or train, or become sick or injured, I will bear all responsibility to seek out, contact, and reach the off-campus domestic or international travel program group at its next available destination and that I will bear all costs attendant thereto.

8. Program Changes. I understand that the University will attempt to maintain the program as described in its publications and brochures, but agree that it has the right to make cancellations, substitutions, or changes in the program, including itinerary, travel arrangements, or accommodations, at any time and for any reason it deems sufficient or necessary to promote the program objectives, safety issues, or institutional needs, with or without advance notice. I accept all responsibility for loss or additional expense due to delays or other changes in the means of transportation, services, sickness, weather, strikes or other unforeseen causes.

9. Coursework. I agree to complete all academic work assigned by the due date. I understand that the only exceptions to the foregoing may be early departure from the location in the event of a medical or personal emergency, a conduct-related expulsion, or in the event that I complete all my assignments and examinations within a stated period at the end of the term. I also agree to remain on site as required by my specific program.

10. Right of Notification. Notwithstanding any law to the contrary, I understand that under certain circumstances High Point University personnel reserve the right to notify my family, host family, and other High Point University personnel—as well as law enforcement and medical authorities as necessary. I authorize the University to share any other documents and/or information related to my participation in the program with my parents or legal guardian for the purpose of informing them about the nature of the program, the obligations I have undertaken pursuant to this agreement, and my experience in the program.

11. Right of Termination. I understand that High Point University reserves the right to terminate my participation at any time during the period of the off-campus domestic or international travel program if I fail to meet the requirements of academic standards and general behavior as written in the High Point University Bulletin or Student Handbook. If my participation is terminated at any time as a result of my own failure to meet the University’s guidelines for academic standards and general behavior, I consent to being sent home at my own (or my parents’) expense and/or forfeit any expenses paid on my behalf for the course, and will be held responsible for any expenses paid on my behalf that I have not yet paid.
12. Role of Program Leaders, Faculty and Staff. I understand that the program leaders, directors, and faculty are acting solely in their capacity as agents of High Point University, and I agree to waive any and all claims against them individually or the University for losses occasioned to me by any delays in arrivals or departures of air flights or for the failure, due to bankruptcy or otherwise, of the companies providing transportation, hotel, food, tour services, or other goods or services.

13. Assumption of Risk and Release of Claims. Knowing the risks described above, and in consideration of being permitted to participate in an off-campus domestic or international travel program, I agree, on behalf of my family, heirs, and personal representative(s), to assume all the risks and responsibilities surrounding my participation in such programs. To the maximum extent permitted by law, I release and indemnify High Point University and its officers, employees, agents, and affiliates, from and against any present or future claim, loss or liability for injury to person or property which I may suffer, or for which I may be liable to any other person, during my participation in a domestic or international travel program (including periods in transit to or from any location where such a program is being conducted). I have carefully read all pages of this agreement before signing it. No representations, statements, or inducements, oral or written, apart from the foregoing written statement, have been made. My agreement to participate in the program is wholly voluntary, and prior to signing this agreement, I have had the right to consult with the advisor, counselor or attorney of my choice. I have read this entire document and understand that I am giving up legal rights that I might otherwise have, including the right to sue.

This agreement shall become effective only upon its receipt by High Point University and shall be governed by the laws of the state of North Carolina, which shall be the only forum for any lawsuits filed under or incident to this agreement, or arising out of events sponsored by or associated with High Point University. I agree that, should any provision of this agreement be found to be unenforceable, all remaining provisions of this agreement will remain in full force and effect.

Name (print): 

Street Address: 

City, State, Zip: 

Telephone #: High Point ID#: 

Primary e-mail address: 

Health insurance carrier: Policy #: 

Student Signature: Date 

(If student is under 18 years of age, a parent or legal guardian must also read and sign this form.)

I am the parent or legal guardian of the above Minor Applicant, have read the foregoing Form (including such parts as may subject me to personal financial responsibility), and am and will be legally responsible for the obligations and acts of the student as described in this Form, and agree, for myself and for the student, to be bound by its terms.

Parent/Guardian Signature: Date 

(If student is under 18 years of age)
Participants Information (please type)

Student’s Name: ___________________________ HPU ID: ___________________________

Amount Due: $150.00

Program: High Point Washington Term ____________ Year ____________

Account: ……………………………………………………………………………………1-001000-41011

Take this form to the HPU Student Accounts Cashier (106 Roberts Hall) when you pay your non-refundable High Point Washington fee. Keep in mind that this is a fee, not a deposit.

TO BE COMPLETED BY THE OFFICE OF STUDENT ACCOUNTS

I verify that this student has paid in full the application fee listed above.

Student Accounts Staff Name: ____________________________________

Signature: __________________________________________ Date Paid ___________________

For High Point Washington Office use only:

Received: ______________________________________ Processed: ___________________________