The Student named above agrees as follows:

I. **Risks of Off-Campus Study.** I understand that participation in an off-campus study program involves risks not found in study at my home college. These include risks involved in traveling to and within the program location, and returning to my home or college; local political, legal, social, and economic conditions; local medical and weather conditions; increased potential for theft of personal property (which is not covered by the program’s insurance), as well as other matters described in the information posted on the ACM website and in the program handbook, which I have reviewed and will continue to check prior to departure and during the program. I have made my own investigation and am willing to accept these risks.

A. **Institutional Arrangements.** I understand that ACM does not represent or act as an agent for, and cannot control the acts or omissions of, any host institution, transportation carrier, hotel, tour organizer or other provider of goods or services involved in the program. I understand that ACM has exercised its best efforts in regard to these matters, but that it is not responsible for occurrences that are beyond its control.

B. **Comprehensive Release of Liability.** As condition precedent to participating in this program, ACM requires participants to execute the Comprehensive Release of Liability and Consent to Secure Medical Treatment which is appended to this Contract as Appendix A. By signing this document you are waiving certain legal rights. Therefore, we urge you to take the time to read it carefully and we urge you to contact an attorney if you have any questions about it.

C. **Health and Safety.**
   1. I have consulted/will consult with a medical doctor with regard to my personal medical needs. I have provided/will provide ACM with all medical data and any other personal information necessary for a safe and healthy off-campus study experience. There are no physical or mental health-related reasons, problems, or special dietary requirements or restrictions which preclude or restrict my participation in this program.
   2. I am aware of all applicable personal medical needs. I am aware that I need to secure health insurance coverage to meet any and all needs for payment of medical costs while I participate in the program. I recognize that, while ACM will use its best efforts to see that I receive adequate medical care while in this program, I assume all risk and responsibility for my medical or medication needs and the cost thereof. If I require medical treatment or hospital care during the program, I authorize ACM to secure any necessary care deemed appropriate.
   3. ACM may take any actions it considers to be warranted under the circumstances to protect my health and safety. I agree to express any health or safety concerns promptly to program staff or other appropriate persons.
   4. **Information for students with disabilities who may require accommodation:** ACM makes reasonable accommodations for students with disabilities who are otherwise qualified to participate in its activities and programs. ACM does not discriminate on the basis of ability in admissions for off-campus study programs. While ACM will try to arrange accommodation for special needs, students with disabilities must understand that some off-campus experiences may not be appropriate for them.

   In order to address this concern, ACM policy requires students with special needs who require accommodation to self-identify at the time of application for participation in an off-campus experience. It is strongly recommended that these students notify the Disability Services office on their home campus of their interest in participating in an off-campus experience and of their need for accommodation. ACM will work with the campus Disability Services representative to determine whether the student’s needs can be accommodated.

D. **Standards of Conduct.**
   1. **Academic Conditions.** Off-Campus Study programs are strictly academic in nature, and students must expect to invest at least the same amount of time and effort that would be required for courses at a comparable level on campus. Travel on weekends and holidays must not conflict with scheduled lectures or classes. Students are responsible for making travel plans which will permit them to attend all regularly scheduled class activities and field trips.
   2. **Program Participation.** I understand that students enrolled in off-campus programs are required to attend all scheduled classes, lectures, activities and field trips. This also includes mandatory attendance at pre-departure orientation sessions provided by ACM and orientations at the host institution.
   3. **General Behavior.**
      a. I understand that each local and state government has its own laws and standards of acceptable conduct, including drug use, alcohol use and behavior. I recognize that behavior which violates those laws or standards could harm ACM’s reputation, as well as my own health and safety. I am aware that if I violate laws of the local, state or federal
government, I may place myself in legal jeopardy. I will become informed of, and will abide by, all such laws and
standards for local, state, or federal governments through which I will travel during the program.

b. I also will comply with ACM’s rules, standards, and instructions for student behavior as outlined in the Code of
Student Responsibility and the ACM program handbook.

c. I will attend to any legal problems I encounter with any local, state, or federal government at my own expense. I
understand that, while ACM will use its best efforts to assist me, it is not responsible for providing me with legal
representation.

d. I agree that ACM has the right to enforce the standards of conduct described above in its sole judgment, and that it may
impose sanctions up to and including removal from the program for violating these standards or for any behavior
detrimental to or incompatible with the interest, harmony and welfare of the ACM, the program, or other participants
at any time prior to or during participation in the program. I recognize that, due to the circumstances of the program,
procedures for notice, hearing and appeal applicable to student disciplinary proceedings at my home college do not
apply. If I am removed from the program, either before or during participation, I understand that I will be sent home
at my own expense with no refund of fees.

E. **Financial Obligations.** I also understand that in paying my $400 non-refundable deposit to reserve a spot on the program, I
am accepting the offer of admission and that ACM will begin to make program arrangements predicated on my participation. If I
withdraw from the program subsequent to paying the deposit, I can expect not only to forfeit my deposit, but also to be billed for
all non-recoverable expenses incurred on my behalf. Moreover, I understand that any refund of tuition and program fees will be
subject to my home school’s policies, in the case of tuition, and according to the schedule outlined in the program payment
information included with my acceptance materials.

F. **Program Changes.** ACM has the right to cancel the program at any time prior to its commencement, in which case all
moneys paid will be refunded in full. I understand that ACM may alter the program’s itinerary, travel arrangements, or
accommodations due to emergency or changed conditions, and agree to be responsible for additional costs. I understand that
ACM’s fees and program charges are based on lodging rates and travel costs, which are subject to change. If I leave or am
removed from the program, I will receive no refund of fees already paid. Understanding that ACM will make every reasonable
effort to minimize the effect of same, I accept all responsibility for loss or additional expenses due to transportation delays,
necessary program changes, sickness, weather, strikes, or other unforeseen causes. If I fail to meet a departure bus or train, I will
at my own expense seek out, contact, and reach the program group at its next available destination.

I have read this Off-Campus Study Contract carefully before signing it, and agree that it contains my entire agreement with
Associated Colleges of the Midwest as to my participation in the program. This agreement shall become effective only upon acceptance
by ACM of my application for the program.

___________________________________________________  ______________________________________
Signature of Student       Date

I am the parent or legal guardian of the Student above who is under 18 years of age, have read the foregoing Off-Campus Study Contract, am and will
be legally responsible for the obligations and acts of the Student, and agree for myself and the Student to be bound by the terms of this Contract.

___________________________________________________  ______________________________________
Signature of Parent/Guardian       Date
Appendix A

Comprehensive Release of Liability
And
Consent to Secure Medical Treatment

By signing below I acknowledge and agree to the following:

1. I understand that this is a binding legal document the purpose of which is to minimize the legal liability of the Associated Colleges of the Midwest (ACM) in connection with my participation its study abroad program (Program), and that I am encouraged to consult an attorney if I have any questions about its meaning or significance.

2. I warrant that I am at least 18 years of age and am competent to enter into this contract knowingly and voluntarily.

3. I have read, understand and agree to the Off-Campus Study Contract, and in particular, the summary of the Program’s risks outlined in it.

4. I understand that my participation in the Program is voluntary.

5. In consideration of being permitted to participate in the Program, I agree to assume the risks of such participation. Further, for myself, and on behalf of my executors, administrators, heirs, and family members, I agree to release and hold harmless ACM, its trustees, officers, employees, agents, volunteers, assigns and successors, from any and all claims or suits that may result from my injury or death, or the loss of or damage to my personal property, whether accidental or through the negligence of the aforementioned, arising in any way from my participation in the Program.

6. In consideration of being permitted to participate in the Program, I, for myself, and on behalf of my executors, administrators, heirs, and family members, agree to release and hold harmless ACM, its trustees, officers, employees, agents, volunteers, assigns and successors, from any and all claims or suits that may result from the negligence of any other participant during my participation in the Program, including claims relating to injury to my person or my property.

7. I hereby consent in advance and authorize ACM, its officers, employees, volunteers and agents to secure on my behalf any emergency medical treatment or services deemed appropriate under the circumstances.

____________________________________________  _________________________________________
Participant Signature      Date

____________________________________________  _________________________________________
Participant Name (Please print)     Program

ACM • Associated Colleges of the Midwest • 11 E. Adams, Suite 800 • Chicago, IL  60603 • 312.263.5000 • www.acm.edu