

Old Dominion University Participation Agreement

Monarch Leaders Retreat

January 6-7, 2012

INSTRUCTIONS: Read entire document carefully before initialing each page and signing.

As a student participant in Old Dominion University's (ODU) Monarch Leaders Retreat program, you are agreeing to the following conditions established by the ODU Office of Student Activities & Leadership.

- 1. Old Dominion University Organization Representative:** I acknowledge that I am serving as a representative of Old Dominion University and that I have been chosen by my organization to represent the University and its interests. I understand that any action I take will affect people's opinion of my organization and Old Dominion University.
- 2. Travel Accommodations/Program Participation:** I agree to stay at the designated lodging accommodations afforded by the University (if any) and return via any transportation arranged by the University. I will attend and participate in all aspects of the program (i.e. conference, educational training sessions, etc.). Absent an emergency, I understand I must give 72 hours notice if I am unable to attend. I will immediately identify the designated University sponsor should an emergency preclude my ability to attend.
- 3. University Policies:** I understand the rules governing student responsibility and behavior as stated in the Old Dominion University Honor Code, Monarch Creed, Student Disciplinary Policies and Procedures, and the Student Abroad Handbook are in effect for the duration of the program. I am responsible for adhering to established policies, heeding verbal and written announcements, and exhibiting reasonable and acceptable at scheduled events and on excursions.
- 4. Timeliness:** I understand that I will meet University Officials at the time and place scheduled and that failure to arrive on time may result in forfeiture of all payments made by me. I further agree to be present at the time set for departure. I agree that if I fail to arrive within ten (10) minutes of the scheduled time I shall be responsible for the payments to paid staff in an amount not less than \$50 and not to exceed \$200. The University may consider circumstances to be beyond the student participant's control to waive the fee. The decision of the Dean of Student's as to this issue shall be final.
- 5. Payment of Fees:** I accept the responsibility for coordinating timely payment for program fees. I am responsible for making payment of all remaining account balances in accordance with the program payment schedule, and I am responsible for all late fees and/or costs for collection of fees in accordance with standard University procedures. Non-payment of fees may result in a hold being placed on a student's account.
- 6. Cancellation:** The program may be cancelled at anytime for any reason by the University. Student participant shall be entitled to return of payments previously made to the University only and shall not be entitled to any additional sum.
- 7. Assumption of Risk:** I acknowledge that I have been informed that engaging in this program involves substantial risks of personal injury and property damage. Despite the existence of such risks, I also acknowledge that I am participating in this program of my own free will. The same elements that contribute to the unique character of this visit can also be causes of loss or damage of personal equipment and accidental injury, illness, or in extreme cases, personal trauma or death. Risks during participation at, or visits to, these field sites include, but are not limited to, travel by motor vehicle, encounters with third parties, encounters with individuals intent on criminal activity, crowd control problems, falling; being hit by debris; slipping; injury due to accident, fatigue, exhaustion, heat stress, sun poisoning; becoming lost, disoriented, or separated from my party; or changes in weather conditions (lightning, floods, rock slides, etc.), allergic reactions and physical problems for failing to treat a existing medical condition. I understand that in the event of accident or injury personal judgment must be employed by project personnel regarding what actions must be taken. I understand that it is my responsibility to secure personal health insurance in advance of this visit, if desired, and to take into account my personal health and physical condition.
- 8. Premature Ending of Participation.** Student Participant agrees that the University reserves the right to exclude my participation in this trip if at any time my participation or behavior is deemed detrimental to the safety and welfare of others and may be required to be separated from the group and placed in a safe location.

Initial _____

9. **Conduct and Dismissal:** Student Participant will be subject to all laws including United States, Commonwealth of Virginia and any locality where the student participant might be. I understand that the official representative(s) of ODU has the right to dismiss me from the program at any time if: a) my conduct is deemed unacceptable or violates established rules of behavior; b) I violate laws, rules and regulations of the United States, the Commonwealth of Virginia or the locality where I might be located; or c) the official representative(s) has reasonable cause to believe that my continued presence in the program constitutes a danger to the health or safety of persons, including myself, or property, threatens the future viability of the program, or brings the program into disrepute or its participants into legal jeopardy. Student Participant understands that a decision to dismiss from the program will be final; that separation from the program will terminate my status as a program participant; and I will not be entitled to any refunds and will remain responsible for costs incurred on my behalf. I understand that once dismissed I will not be allowed to remain in program facilities nor participate in any program activities.
10. **Alcohol:** I acknowledge and will abide by ODU Drug and Alcohol Policy 6603. I understand that ODU prohibits the illegal or otherwise irresponsible use of alcohol by students and that it is my responsibility to know the risks associated with alcohol use and abuse. The illegal or excessive consumption of alcohol or misconduct due to alcohol consumption will not be tolerated and will result in disciplinary action, including but not limited to dismissal from the program and judiciary proceedings.
11. **Drugs:** Illegal drugs as determined by the laws of the United States and the Commonwealth of Virginia in any form are not tolerated. Possession or use of illegal drugs is punishable by fine or imprisonment. Student participants found using or possessing illegal drugs in any form are subject to immediate dismissal from the program and judiciary proceedings.
12. **Health Care and Emergencies:** Student participant is responsible for health care and conduct. Student participant understands that on rare occasions an emergency may develop which necessitates the administration of medical care, hospitalization, the administration of an anesthetic, or surgery. Therefore, in the event of injury or illness student participant authorizes Old Dominion University by and through its authorized representative(s) or agent(s) in charge of said program, to secure medical treatment including the administration of an anesthetic and surgery based upon the advice of a qualified health care professional. I also authorize any official representative(s) of the program to provide any health information as appropriate. It is understood that such treatment shall be solely at my expense and I agree to reimburse ODU for any expenses which it might suffer on account of said injury or treatment thereof. In the event of serious illness, accident, or emergency, my designated emergency contact(s), as indicated on the Program Application Form, may be notified.
13. **Health insurance:** I certify that I am covered by health insurance. I acknowledge that it is my sole responsibility to ensure that my health insurance coverage is adequate for my needs.
14. **Disability Accommodations:** I accept the responsibility for registering with Old Dominion University Disability Services to determine eligibility for services and accommodations related to disabilities, if appropriate; and further, I understand that an Access Plan outlining my accommodations should be submitted at least sixty (60) days before the program commencement date in order to assess and determine the ability of the university to provide a reasonable accommodation.

Initial _____

15. **Personal Responsibility:** Although ODU is sponsoring this program, I understand that neither ODU nor any of the directors, instructors, staff or travel arrangers will supervise me at all times. I will have the opportunity and the right to independently leave the group periodically, Therefore, I will be responsible for my own safety and cannot hold ODU liable for any injuries to my person or property or any other losses as a result of my participation in the program.
16. **Third-party Liability:** I understand that ODU does not represent or act as an agent for, and cannot control the acts or omissions of, any transportation carrier, hotel, tour organizer or other provider of goods or services involved in the Program. Additionally, I expressly understand and agree to assume all risks and indemnify and hold harmless Old Dominion University, its Board of Visitors, its ODU's agents, affiliates, officers, and employees from any and all claims and causes of action for damage to or loss of property, personal illness or injury, or death arising out of travel or activity conducted by or under the control of Old Dominion University that may occur as the result of actions by third parties with regard to the aforesaid program. This does not include negligent acts of Old Dominion University, its Board of Visitors, its ODU's agents, affiliates, officers, and employees.
17. **Representations.** The student participant represents that the student is over the age of 18 years and if not has obtained the signature and agreement of the student's parent or guardian.

Initial _____

This _____ day of _____, _____.
 (day) (month) (year)

I have read and understand the above provisions and agree to be bound thereby.

 Student Participant Printed Name

 Student Participant Signature

 Parent or Guardian Printed Name
 (if student is under 18 years of age)

 Parent or Guardian Signature

Please provide the following contact information to family and/or friends:

Dionicia-Mahler Rogers
 Associate Director
 Office of Student Activities and Leadership
 757-641-3155

Elyse Gambardella
 Coordinator for Leadership
 Office of Student Activities and Leadership
 781-910-4743

Makemie Woods Camp and Conference Center
 3700 Ropers Church Road
 Lanexa, VA 23089
 757-566-1496

Note to Student: Please keep a copy for personal reference.