

PACKET B2—ENROLLMENT FORMS

Participant Name _____

Last

First

Middle

- Student Rights and Responsibilities**
- Illegal Drug Use Policy**
- Health Information Form**
- Proof of Health Insurance (American or Traveler's)**
- Health Examination Form**
- Permission for Emergency Treatment**
- Italian Language Survey**
- Roommate Questionnaire**
- Arrival Confirmation Form**
- Participation Agreement**
- Liability Waiver**
- Honor Code**
- 1 Copy of Signed Passport Picture Page**
- 1 Digital Photo—This is to be a photo from the shoulders up, against a neutral background. This photo should be sent to monica@dellarte.it.**

Send Packet B2 Enrollment Forms—including this checklist—to Italy by **July 1 (fall semester), December 1 (spring semester) or April 15 (Summer Arts Program)**. Forms may be submitted by e-mail attachment to Director of Student Services Monica Capacci at monica@dellarte.it.

Students may also send hard copies of application material to the following address:

Accademia dell'Arte
ATTN: Office of Student Life
Villa Godiola
Loc. San Fabiano 9
52100 Arezzo
Italy

These forms are required for enrollment into the program. Failure to provide us with these forms by the specified due date will result in loss of a position in the program.

STUDENTS RIGHTS AND RESPONSIBILITIES

Accademia dell'Arte and Hendrix College study abroad programs are designed to provide students with the opportunity to combine a rigorous academic program with a cross-cultural learning experience.

In accordance with University policy, the Center for International Programs and Services wishes to affirm students' rights and responsibilities in relationship to studying abroad. As with all academic programs, the student is responsible for learning the content of a course of study according to all standards of performance established by the faculty. In turn, the student has the right to a course grade that represents the instructors' good faith judgment of the student's performance in that course.

Hendrix College reserves the right to require the withdrawal of a student from a program if the student's conduct violates the laws of the host country or city, otherwise does damage to the program, or to Accademia dell'Arte and Hendrix College.

Students are expected to:

- Be responsible for all information contained in the Accademia dell'Arte and Hendrix College materials concerning fees and program details;
- Attend all pre-departure, on-site, and re-entry meetings;
- Pay all fees and personal expenses incurred while studying abroad;
- Arrange for and complete all academic work within the allotted time period;
- Participate in travel, sightseeing and individual contact with citizens of the host country without allowing these activities to interfere with the successful completion of the academic program;
- Obey all laws, police regulations and practices of the host country;
Please Note: Diplomatic representatives will be able to offer little or no help to a student arrested and/or convicted of drug-related and other crimes.
- Arrive and depart from pre-arranged program accommodations per specified dates and times;
- Make his/her best effort to commit fully to the work of developing his/her craft through active participation, cooperation and reflection both in class and outside of class;
- Do his/her best to respect and abide by all community living expectations;
- Contribute to the community in a positive way, both socially and professionally;
- If the student has a problem with an individual member of the community, he/she will be expected to confront the person directly with the issue in the hopes of resolving the matter immediately before it becomes toxic for himself/herself and for the entire community;
- Behave in appropriate and responsible ways at all times and represent himself/herself, his/her university, his/her study abroad program and his/her country in respectable ways;
- Take responsibility for his/her actions.

This statement is issued in accordance with university policy and consultation with appropriate university officers.

Signature _____

Date _____

ILLEGAL DRUG USE POLICY

Participant Name _____

Last

First

Middle

The use of illegal drugs is no more accepted in foreign cultures than it is in the United States, and is treated as a serious criminal offense. In the past, people who imagined they would not suffer consequences from being caught, or believed they would not be caught, have suffered greatly as a result of drug-related incidents. When in a foreign country, all people are subject to the laws of that country. The American Embassy and embassies of other countries cannot obtain a release from jail for its citizens, and can only aid in obtaining legal assistance.

Such activities place not only the individual, but also the group and the program in jeopardy. We require all students participating in our program to read the conditions under which they agree to participate, as stated below, and sign this agreement prohibiting them from using illegal drugs during the term of the program.

Accademia dell'Arte and Hendrix College have adopted the policy outlined below with regard to illegal drug use. Participants hereby acknowledge the following:

The consequences of illegal drug use during the program could result in: Immediate expulsion from the program, immediate return to home country, total forfeiture of all fees paid or due to the program, and loss of all course credit.

Students should take responsibility, both individually and as a group, for ensuring that Accademia dell'Arte and Hendrix College rules regarding drugs are strictly observed. If any student becomes aware that a fellow participant is violating this policy, the student should report the violation to the program director immediately.

I have read the above regulations and understand that the use or possession of any quantity of marijuana, cocaine, or other illegal drugs is totally prohibited to participants throughout the program term. I understand that this prohibition applies not only while I am in the company of fellow participants, but also when I am alone or with people not associated with the program. I have read the consequences of violation noted above and will abide by the stipulations set forth. I also understand my responsibilities in ensuring that others observe the policy and responsibilities outlined above.

Signature _____

Date _____

HEALTH INFORMATION FORM AND EVALUATION

Part A—To be completed by the participant:

Name _____ Sex (M/F) _____
Last First Middle

Date of Birth _____ / _____ / _____

Program _____

The purpose of this form is to help Accademia dell'Arte to be of maximum assistance to you should the need arise during your study abroad experience.

Mild physical or psychological disorders can become serious under the stresses of life while studying abroad. It is important that the program director be made aware of any medical or emotional problems, past or current, which might affect you in a foreign study context. The information provided will remain confidential and will be shared with the program staff, faculty, or appropriate professionals only if pertinent to your own well-being. Accademia dell'Arte may not be able to accommodate all individuals' needs or circumstances while studying abroad.

This information does not affect your admission to the program.

MEDICAL HISTORY

Yes No 1. Are you generally in good physical condition? (If no, please explain).

Yes No 2. Have you been treated for a psychological, psychiatric, substance abuse, or personal problem? (If yes, please explain).

Yes No 3. Do you have any allergies? (If yes, please explain).

Yes No 4. Are you taking any medications? (If yes, please list and explain for what condition).

Yes No 5. Have you had any major injuries, surgeries, diseases, conditions or ailments in the past five years that would adversely affect your participation in the program? (If yes, please explain).

Yes No 6. Are you a vegetarian or have special dietary needs? (If yes, please explain).

Yes No 7. Have you ever studied, traveled or lived abroad? (If yes, please include information regarding the nature of your travel and whether you consider it to have been a positive experience.)

Yes No 8. Is there any additional medical and/or psychological information that program faculty should be aware of during your study abroad experience? (If yes, please explain.)

I certify that all responses made on this form are true and accurate, and complete to the best of my knowledge.

I will notify Accademia dell'Arte hereafter of any relevant changes in my health that occur prior to the start of the program.

Signature _____ Date _____

Parent or Guardian's Signature _____

Date _____

HEALTH INSURANCE INFORMATION

Health Insurance (American or Traveler's) is required for all students while attending Accademia dell'Arte.

Insurance Carrier _____

Company Name

Guarantor's Name _____

Last

First

Middle

Guarantor's Date of Birth _____ / _____ / _____

Guarantor's Employer _____

Please provide a copy of your insurance card, front and back.

HEALTH EVALUATION

Part B—This section must be filled out by your doctor, nurse practitioner or school health center:

- I support and recommend the applicant for participation in the Accademia dell'Arte program in Italy.
- The applicant's physical and psychological status demonstrates the maturity necessary for overseas study.
- The applicant is in overall good health and can participate in a program of this nature without reservation.
- You have my permission and my client's permission to contact me with questions regarding his/her health.
- This student requires prescriptions to be filled while abroad. I have provided him/her with the generic prescription and the chemical breakdown of the medication in order to assist in having the prescription filled in Italy, if possible.

PLEASE NOTE: This does not guarantee that the prescription can be filled in Italy. If the student requires medication, or refills of medication, it is the responsibility of the student to make the appropriate contacts in order to ensure that he/she will have access to necessary medications and the necessary amount while abroad.

- I have performed a complete physical on the applicant on the date of _____ (must be within one year) which showed the applicant to be in overall good health.

Please fill out the health evaluation form attached.

Overall Remarks _____

Name of Health Practitioner _____

Signature _____ Date _____

Address _____

Street

City

State

Postal Code

Telephone (_____) _____ Fax (_____) _____

E-mail _____

A. Please list all pertinent issues, conditions, etc. obtained from the student's medical history and physical examination.

B. Recommendation for physical activity:

Unlimited Limited Explain:

C. Do you have any recommendations regarding the care of the student?

Yes No Explain:

D. Is the student now under treatment for any medical condition?

Yes No Explain:

E. Current medications and dosages:

F. Has the student ever had treatment or counseling for an emotional, behavioral, or psychological condition (including eating disorders and/or substance abuse)?

Yes No Explain:

If the answer is *yes* to D and/or F, a full medical report from the physician, psychiatrist, certified therapist, or counselor is requested. (A full report will include a statement of the problem [diagnosis], treatment, response to treatment, and need for follow-up.) This report should be directed to Accademia dell'Arte. This report will not be released without the written consent of the student.

Physician's Signature _____

Date _____

PERMISSION FOR EMERGENCY TREATMENT

Participant Name _____

Last

First

Middle

On rare occasions a person participating in an overseas study program faces a health emergency requiring hospitalization and immediate treatment. To prevent dangerous delay in such an emergency, Accademia dell'Arte strongly recommends that the student complete and sign the following statement.

In the event of an emergency illness or injury affecting _____,
Participant's Name

born _____ / _____ / _____, the undersigned hereby authorizes performing routine medical care, making referrals to area specialists and medical services, immediate hospitalization and treatment recommended by and carried out under the supervision of a qualified physician, including administering an anesthetic and performing necessary surgery. Under certain circumstances the student may be transported to an area hospital for diagnosis and treatment.

Blood Type _____

Known Allergies to Medicine _____

Signature _____ Date _____

Person to notify in case of an emergency illness or accident:

Name _____

Relationship _____

Address _____

Street

City

State

Postal Code

Telephone:

Home (_____) _____ Work (_____) _____

E-mail _____

Additional Information _____

In the event of emergency medical care, every effort will be made to contact a parent or legal guardian.

IMPORTANT: Accademia dell'Arte also wishes to inform students participating in our study abroad programs/courses/festivals that it is not possible to have access to the type of mental/physical health assistance available in the US. In our admissions process, we do not discriminate against individuals with disabilities. However, for your own welfare, we ask that if you have any problems that could affect your participation in the program you should consult with your doctor and a mental health professional before you leave to discuss the potential stress or other adverse consequences of study abroad. Again, please be reminded that certain outpatient treatments like physical therapy and mental health treatment is not as widely accessible in many foreign countries as it is in the United States. Please contact Director of Student Services Monica Capacci at monica@dellarte.it for more information.

ITALIAN LANGUAGE SURVEY

Participant Name _____
Last First Middle

Yes No Have you attended any Italian classes prior your arrival at the Accademia?

If yes, please include information about the classes you attended:

ROOMMATE QUESTIONNAIRE

Participant Name _____ Sex (M/F) _____

Program (Track and Term) _____

Are you a vegetarian, or have any other specific dietary needs? Yes No

If so, please explain. (Please note whether a dietary condition is a preference, or a result of a medical condition.)

E-mail (Account Most Used) _____

If you would like, please give the name(s) of the student(s) you would like to room with. Though we will do our best, a request here will not guarantee that you will be housed with a friend.

Please note: All parties who request to room together must make the same request.

Housing Questions

1) At what time do you generally go to bed? _____

2) Is your room:

- Always messy
- Sometimes messy
- Always clean and organized

3) Do you like to go out at night during the week? Yes No

If so, how many nights a week? _____

4) Are you an early riser? Yes No

5) Do you smoke? Yes Sometimes No

ARRIVAL CONFIRMATION FORM

In order for us to arrange your transfer to Accademia dell'Arte upon your arrival, please provide us with the following information. **Please print legibly, using capital letters.**

PARTICIPANT INFORMATION

LAST NAME: _____

FIRST NAME: _____

PROGRAM: _____

If you will have a functioning cell phone on the day of arrival, please include the number here:

FLIGHT INFORMATION

FLIGHT 1

DEPARTING AIRPORT: _____ AIRLINE: _____

DATE, TIME OF ARRIVAL, FLIGHT NO.: _____

ARRIVING AIRPORT: _____

FLIGHT 2 (CONNECTING FLIGHT, IF APPLICABLE)

DEPARTING AIRPORT: _____ AIRLINE: _____

DATE, TIME OF ARRIVAL, FLIGHT NO.: _____

ARRIVING AIRPORT: _____

If you are traveling by any other means of transport (train, bus, etc), please specify here and include estimated time of arrival: _____

Please note: We provide transportation from the Florence airport to the Accademia on arrival day only. You must arrive before 4 pm on arrival day to the Florence airport to take advantage of this service.

PARTICIPATION AGREEMENT

You have applied to participate in a study abroad program offered by Accademia dell'Arte, an Arizona non-profit corporation ("ACCADEMIA") and Hendrix College. All activities associated with travel involve risks and it is important for you to have information about this activity and to provide ACCADEMIA with information about yourself before participating in this activity. The Participation Agreement must be read carefully and signed by all participants who take part in the study abroad program offered by ACCADEMIA.

PLEASE READ THIS AGREEMENT CAREFULLY. IT IS A LEGAL CONTRACT AND AFFECTS ANY RIGHTS YOU MAY HAVE IF YOU ARE INJURED OR OTHERWISE SUFFER DAMAGES WHILE PARTICIPATING IN THIS ACTIVITY.

In consideration of ACCADEMIA allowing me to participate in this activity, I understand and agree to the following:

1. **NATURE OF TRAVEL:** I and my family members understand that participation in this program is entirely voluntary, that any program of travel involves some element of risk, and that neither HENDRIX COLLEGE nor ACCADEMIA make any representation regarding the safety or security of the destination or modes of travel.
2. **INHERENT RISKS AND DANGERS OF TRAVEL:** I understand and appreciate that risk and dangers are inherent when traveling long distances. I understand that not following procedures correctly could result in property damage and personal injury, including death. I agree to accept and assume all risks associated with the activity whether present or future, known or unknown, arising from or as a result of my voluntary participation in the activity. Understanding all of the risks involved, I hereby elect to voluntarily participate.
3. **BEHAVIOR EXPECTATIONS OF THE PARTICIPANT:** I know that it is important to follow the directions of the designated activity leader at all times. I understand that as a participant I have the responsibility to help make the activity a safe experience for all participants through appropriate behavior and conduct. I also understand the danger associated with deviating from the planned activity and agree not to do so.
4. **HEALTH CONDITION OF THE PARTICIPANT:** I agree to provide health information, including information regarding any medication, ailment, condition, or injury, that could affect my performance in the planned activities to ACCADEMIA's Office of Student Life as soon as practicable following receipt of a letter of acceptance from ACCADEMIA.
5. **FINANCIAL RESPONSIBILITY FOR MEDICAL TREATMENT:** I will bear all financial responsibility for any medical treatment arising from my participation in ACCADEMIA's study abroad program.
6. **PERMISSION TO USE PHOTOS AND VIDEOS WITH MY IMAGE:** I understand that photos of me may be taken during the course of my participation in ACCADEMIA's study abroad program and that those photos may be used on the Travel-Study website and other marketing materials.

Participant

Date

Parent or Guardian (if participant is under the age of 18)

Date

RELEASE OF LIABILITY, WAIVER OF RIGHTS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT

Participant: _____

I. Release, Waiver and Covenants.

I hereby acknowledge that I have voluntarily elected to participate in the Program to be held in and around the Program Site during the Program Dates. **In consideration of the funding, academic credit or other services provided by Hendrix College and/or the Accademia dell'Arte, (the "College") in connection with the Program, I hereby acknowledge and agree to the following:**

1. **Elective Participation.** I acknowledge that while experiential learning credits are required by the College, my participation in this Program involving international travel is elective and voluntary and is not required by the College.

2. **Rules and Requirements.** I agree to conduct myself in accordance with the College policies and procedures, including the College's Student Handbook. I acknowledge receipt of any applicable rules and requirements of the Program and I agree to abide by them. I further understand and agree that the College is not responsible for any injury or damage that I sustain while participating in the Program. I acknowledge that I am solely responsible for any legal problems I encounter with any foreign nationals or government and the College is not responsible for providing any assistance under those circumstances.

3. **Informed Consent.** I understand the various Program aspects and that travel outside the United States is considered and may be dangerous and I accept the risks of such travel. I have reviewed the travel itinerary for the Program and understand the risks involved in traveling to, within and from the Program Site, including but not limited to foreign political, legal, social, and or economic conditions, language barriers, safety hazards, crime, disease, consumption of food, civil unrest, hostilities, terrorism, war, natural disasters and weather conditions, and negligent, inferior or the unavailability of first aid operations or medical treatment. I further understand that serious injuries or death could occur during my participation in the Program and that as a Participant I could sustain personal injuries, property damage, or even death as a consequence of the Program Activities, local transportation to and from the various Program Sites, and international travel to and from the Program Site. I further understand and agree that any injury, illness, property damage, disability, or death that I may sustain by any means is my sole responsibility and that I am responsible for creating my own plans for response to any medical emergency, disaster and all other potential maladies and dangers.

4. **Release and Waiver of Liability.** I, on behalf of myself, my personal representatives, heirs, executors, administrators, agents, and assigns, **HEREBY RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE** the College, its governing board, directors, officers, employees, agents, volunteers and any students (hereinafter referred to as "*Releasees*") for any and all liability, including any and all claims, demands, causes of action (known or unknown), suits, or judgments of any and every kind (including attorneys' fees, litigation costs and expenses of any appeal), arising from any injury, property damage or death that I may suffer as a result of my participation in the Program, **REGARDLESS OF WHETHER THE INJURY, DAMAGE OR DEATH IS CAUSED BY THE RELEASEES, UNLESS THE INJURY, DAMAGE OR DEATH IS CAUSED BY THE RELEASEES' GROSS NEGLIGENCE OR INTENTIONAL ACTS, AND REGARDLESS OF WHETHER THE INJURY, DAMAGE OR DEATH OCCURS WHILE IN, ON, UPON, OR IN TRANSIT TO OR FROM THE PROGRAM SITE.** I further agree that the Releasees are not in any way responsible for any injury or damage that I sustain as a result of my own negligent or intentional acts.

5. **Assumption of Risk.** I understand that there are potential dangers incidental to my participation in the Program, some of which may expose me to the risk of serious personal injuries, property damage, or even death. I understand that these potential risks include, but are not limited to: travel to and from the Program Site and local transportation in and around the Program Site, disease, consumption of food, civil unrest or hostilities, terrorism, war, natural disasters and weather conditions, negligent, inferior or the unavailability of first aid operations or medical treatment, and other risks that are unknown at this time. **I KNOWINGLY AND VOLUNTARILY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM**

THE ACTS OF THE RELEASEES, UNLESS THEY ARISE FROM THE RELEASEE'S INTENTIONAL OR GROSSLY NEGLIGENT ACTS, and assume full responsibility for my participation in the Program.

6. **Indemnity.** I, on behalf of myself, my personal representatives, heirs, executors, administrators, agents, and assigns, agree to hold harmless, defend and indemnify the Releasees from any and all liability, including any and all claims, demands, causes of action (known or unknown), suits, or judgments of any and every kind (including attorneys' fees, litigation expenses and costs of appeals), arising from any loss, injury, property damage or death that I may cause or suffer as a result of my participation in the Program, **REGARDLESS OF WHETHER THE INJURY, DAMAGE OR DEATH IS CAUSED BY THE RELEASEES OR OTHERWISE, UNLESS THE INJURY, DAMAGE OR DEATH IS CAUSED BY THE RELEASEES' GROSS NEGLIGENCE OR INTENTIONAL ACTS.**

7. **Personal Medical Expense and Insurance.** I acknowledge that I am responsible for the cost of any and all medical and health services I may require as a result of participating in the Program. I acknowledge that the College strongly recommends that I purchase and maintain during the term of the Program personal medical insurance that includes repatriation and medical evacuation coverage in an amount not less than \$50,000 per person, per occurrence and is applicable in the countries to which I am traveling, as indicated on my itinerary for the Program.

8. **Independent Activity.** The College is not responsible for my welfare during the Program and I acknowledge that I engage in such travel or absences at my own risk. I further acknowledge that the College provided monetary support for the Program and that the College's decision to provide the support was based on a request I prepared. The implementation of the Program is in my control. I acknowledge the College assumes no responsibility to further assist me in implementing the Program, to supervise me while I am conducting the Program or to provide any services during the Program. I absolve the College from all such responsibility and acknowledge I have no right to look to the College to provide any supervision or assistance during the Program and the College has no responsibility or obligation to provide such supervision or assistance.

9. **Governing Law.** This document is to be construed under the laws of the State of Arkansas, U.S.A. without regard to its choice of law provisions.

10. **Severability.** If any term or provision of this Agreement shall be held illegal, unenforceable, or in conflict with any law governing this Agreement the validity of the remaining portions shall not be affected thereby.

I HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND ITS TERMS. I AM AWARE THAT THIS AGREEMENT INCLUDES A RELEASE AND WAIVER OF LIABILITY, AN ASSUMPTION OF RISK, AND AN AGREEMENT TO INDEMNIFY THE RELEASEES. I UNDERSTAND I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS AGREEMENT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. BY MY SIGNATURE I REPRESENT THAT I AM AT LEAST EIGHTEEN YEARS OF AGE OR, IF NOT, THAT I HAVE SECURED BELOW THE SIGNATURE OF MY PARENT OR GUARDIAN AS WELL AS MY OWN.

Signature of Participant

Date

HONOR CODE

Print Name

By signing this document, I attest that:

1. I will read all written correspondence from Accademia dell'Arte staff/faculty. This includes but is not limited to e-mails, mailings and posted information.
2. I will check the Office of Student Life announcement board on a consistent basis.
3. I will make my best effort to commit fully to the work of developing my craft through active participation, cooperation and reflection, both in class and outside of class.
4. I will do my best to respect and live with all community living expectations.
5. I will contribute to the community in a positive way, both socially and professionally.
6. If I have a problem with an individual member of the community, I will confront that person directly with the issue in the hope of resolving the matter immediately before it becomes toxic for myself and for the entire community.
7. I will behave in appropriate and responsible ways at all times that represent myself, my university, my study abroad program and my country in respectable ways.
8. I will take responsibility for my actions.
9. I will not drink with the intention of getting drunk.

This signature also serves as recognition that you have received and read all academic and student life handbooks.

Student Signature

Date