

STUDENT OFF-CAMPUS PROGRAM RESPONSIBILITIES

I understand that, as part of my participation in the _____ (*insert program name*) off-campus program or activity, I am responsible for:

1. Assuming responsibility for fully preparing to participate in the Program, including payment of all fees in a timely manner, and to participate fully in the Program.
2. Reading and carefully considering all materials issued by all persons acting on behalf of Hope College or other Sponsor representatives that relate to safety, health, legal, environmental, and other conditions that exist at the Program location.
3. Consulting with my health care provider(s) with regard any and all medical/mental health matters relating to my participation in the Program.
4. Obtaining and maintaining appropriate health insurance coverage, which provides coverage for illnesses or injuries I may sustain or experience while in the Program, and specifically at the Program location where I will be living and/or traveling, and abiding by any conditions imposed by the carrier.
5. Informing my parents/guardians/families and any others who may need to know about my participation in the Program, providing them with emergency contact information, and keeping them informed of my whereabouts and activities.
6. Understanding and complying with the terms of participation, codes of conduct, and emergency procedures of the Program.
7. Being aware of local conditions that may present health or safety risks when making daily choices and decisions. I will also promptly express any health or safety concerns to Hope College or other Sponsor representatives or other appropriate individuals before and/or during the Program.
8. Accepting responsibility for my own decisions and actions.
9. Obeying laws at the Program location.
10. Behaving in a manner that is respectful of the rights and well-being of others and encouraging others to behave in a similar manner.
11. Avoiding illegal drugs as governed by the laws of Michigan, the United States, and the Program location, and avoiding excessive or irresponsible consumption of alcohol.
12. Following the Program policies for keeping Hope College or other Sponsor representatives informed of my whereabouts and well-being.
13. Informing Hope College or other Sponsor representative of any medical conditions that might adversely affect my safety, or the safety of other persons participating in the Program, including any medical conditions that might require emergency assistance.

Printed Student Name: _____

Student Signature: _____ Date: _____

Student: Return this form to your program leader.

Program Leader: Take the original forms with you. Leave copies with the Dean of Students.
