**PARTICIPATION / CANCELLATION FORM**

**~Program Name~**

**~Due Date: ~**

By signing this form, I understand and agree to the following:

* I hereby submit an online **deposit of $500** to confirm that I will participate in the Study Abroad program to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from \_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_ (the “Program”). I understand that this deposit is **non-refundable.** Please upload your deposit receipt and a copy of this signed form on your “My Study Abroad” page. [Instructions for Online Deposit](https://www.purdue.edu/IPPU/SA/_Documents/DepositOnline.pdf)
* I understand that this deposit will be credited to my student account toward the total cost of the program.

Please note that you are only required to pay the $500 non-refundable deposit at this time. However, if you withdraw (voluntarily or involuntarily) before or during the course of the program, for any reason, you will be billed the amount listed below.

*Example – revise as appropriate for your program*

* **Withdraw before March 11, 2022 ……………………......……… $500 deposit forfeited**
* **Withdraw March 11 – March 31, 2022…………………….……. $1500 of program fee + the deposit**
* **Withdraw after April 1, 2022……………………………………… student is responsible for all fee relates to program**

*Additional charges for cancellation of airline tickets and other personal expenses may apply.*

* I fully understand the above cancellation policy.
* I fully understand that notice of withdrawal must be made in writing to ~Program Leader~. The date the email or letter is received is the date by which any penalties will be calculated. I fully understand that any charges for my cancellation will be the greater of the aforementioned schedule or the amount as set forth by any airline plus hotelier, other innkeeper or provider of accommodations, travel agencies, Domestic Study Away and Study Abroad booking companies and other charges/fees and/or expenses that have been provided to a third-party on my behalf.
* I further understand that if I am placed on probation for any reason, at any time prior to the program start date, my approval to participate will be revoked and I will be liable for any fees associated with this cancellation policy.
* I fully understand that if I fail to complete the required “Statement of Responsibility” (RM55) form, then my approval to participate will be revoked and I will be liable for any fees associated with this cancellation policy.
* I fully understand that the fees outlined above will be charged regardless of reason for withdraw (i.e. injury/illness prior to departure, family incident, failure to obtain a visa in a timely fashion etc.). If I wish to obtain additional trip cancellation coverage (including “cancel for any reason”) to have further financial protections prior to departure, I will pursue this coverage at my own expense.
* I fully understand that the Program may be cancelled by Purdue or other entity due to a natural disaster, epidemic, pandemic, civil unrest, war, or acts of terrorism wherein the Program is located in any country where travel is required to arrive or depart from the country wherein the Program is located, or decrees of governmental bodies, including, but not limited to the State of Indiana, United States of America, Country of Program location and/or Country of travel for arrival or departure for the Program (hereinafter referenced to as a "Force Majeure Event").
* In case of cancellation due to a Force Majeure Event, I understand that I may not receive a refund for any program fees I have paid toward the Program. Furthermore, I understand that I may still be billed for the fees outlined above. I understand that Purdue may receive a refund from third-party entities related to the Program, including, but not limited to, airlines, hotelier, other innkeeper or provider of accommodations, travel agencies, booking companies and other charges/fees and/or expenses that have been provided to a third-party on my behalf.   I understand that I may not be entitled to a refund of any charges/fees. If Purdue has paid or encumbered funds on my behalf at the time of Program cancellation, the Purdue Unit cannot return those funds to me unless and until the third party to which Purdue has paid or encumbered such funds reimburses Purdue. In all cases, Purdue will make every reasonable effort to reduce my financial liability as much as possible. I further understand that in case of cancellation due to a Force Majeure Event, I may not receive any financial assistance to offset incurred related personal expenses (e.g. travel, visa, passport, housing, insurance).
* Note to students receiving financial aid (including student loans and scholarships): If you withdraw after receiving financial aid, you do not get to keep the money you received since you will not be earning credit. The Bursar Office will invoice you for the financial aid that you received, and in addition, you will be billed the above cancellation fees.

**My name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please print) and by signing this form, I confirm that I understand the stipulations and agree to the policies and charges herein.**

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Signature of Participant or Traveler Date of Signature

***Upload signed form to your My Study Abroad page. This document is non-transferrable between programs. Separate forms must be signed for each specific program that you participate in.***

**Parent or Guardian signature is only required if the below box is checked.**

* Check if participant is under the age of eighteen

I, the parent and/or legal guardian of the Student Participant or Traveler (“Participant”) signing above, understand the nature of the Program, as well as the Participant’s experience and capabilities, and I believe the Participant to be qualified to participate in the Program. I allow the Participant to participate in the Program.

I hereby acknowledge and agree to each of the provisions set forth in the above document and, on behalf of myself, the above-referenced Participant, and any other person(s) claiming by, under or through either one of us, I agree to comply with and be bound by its terms. I understand that I am responsible for the obligations and acts of the Participant as described in this document. **I execute it voluntarily, and I understand it and the legal consequences of signing it, including (a) releasing the Released Parties from all liability on my and the Participant’s behalf, (b) promising not to sue the Released Parties on my and the Participant’s behalf, and (c) assuming all risks of the minor’s participation in the Program**. I understand that this document is to be governed by and construed as broadly as possible under the laws of the State of Indiana. I agree that if any portion is held invalid or unenforceable, I and the minor will continue to be bound by the remaining terms.

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Parent/Guardian Signature Parent/Guardian Printed Name

 Date of Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Revised 11/29/2021