**MSSE Participant Agreement & Photo Release**

As a participant in a trip offered through the MSU, I understand and agree to the following terms listed below:

1. I will attend the required orientations. If I do not attend these orientations, I understand I will not be able to participate in the trip. If I am unable to attend the orientations due to my class schedule, I will coordinate an alternate orientation time with the trip sponsors.

2. I will respect the authority and responsibility of the Trip Coordinators and will abide by their decisions.

3. I take full responsibility for meeting the financial responsibilities of the trip (program fee and personal expenses).

4. I understand that this trip is a substance free trip and thus I agree not to consume alcohol or use illegal drugs while on these trips. Though I might be of legal age to drink alcohol in the country I am visiting, I agree to abide by the policy that prohibits the consumption of alcohol. [optional]

5. I will stay with the group throughout the trip.

6. The trip ends upon return to the MSU campus. I will return with my group unless prior arrangements have been made and approved by the sponsoring unit. MSU is not responsible for any person who is approved to travel separate from the group.

7. I understand that MSU does not provide health, accident, disability, or other insurance to trip participants. I have health insurance coverage and I have contacted my insurance company to receive appropriate documentation and will carry it with me at all times. I agree to be responsible for payment of all medical treatment while on this trip.

8. I agree to inform the trip sponsor of any existing medical conditions that might require treatment, accommodation for participation in trip activities, or about which medical personnel should be informed.

9. I understand that I represent MSU and that this is a University trip. Therefore, I agree to be bound by the rules established for the trip, University rules, policies and regulations, and further agree to follow all laws of the city, state, or country while on the trip. I understand it is important to the success of the present trip and the continuance of future programs that participants observe standards of conduct that would not compromise MSU in the eyes of the individuals and organizations with which it has dealings. Students on trips will uphold the MSU Student Code of Conduct: http://www2.montana.edu/policy/.

10. I understand that the MSU may terminate my participation for failure to behave and act in accordance with the program’s regulations on conduct, for failure to follow the instructions and directions of the program trip coordinators and/or supervisors, or for any acts of conduct which are detrimental to or incompatible with the interest, harmony, comfort, or welfare of the program as a whole. If my participation is terminated for these reasons, I agree that there will be no refund of payments and I understand I will be sent home immediately at my own expense.

11. I will contact the sponsoring unit and/or MSU’s Disability Services office if I need reasonable accommodations to participate in the trip as soon as possible so that appropriate arrangements can be made to allow me to participate. I understand that if I do not seek accommodations in a timely manner, the accommodation may not be able to be provided.

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**Photo Release [optional]**

I grant MSU the absolute and irrevocable right and permission to use, reuse and publish any photographs of me taken in connection with this trip, in whole or in part, in any and all media including use on the world wide web, now or hereafter, and for any purpose. I also agree that my name and any public information about me may be used as MSU chooses.

I understand and agree to the above stated conditions and responsibilities and hereby confirm that all information which I have provided is correct and current.

Trip Participant Name (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trip Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Photo Release: \_\_\_\_\_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_\_\_\_\_No Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_