STUDENT OFF-CAMPUS PROGRAM RESPONSIBILITIES

campus program or activity, I am responsible for:	(insert program name) off-
1. Fully preparing to participate in the Program, including payment of all for the Program.	ees in a timely manner, and for participating fully in
2. Reading and carefully considering all materials issued by all persons act Sponsor representatives that relate to safety, health, legal, environmental, a	
3. Consulting with my healthcare provider(s) with regard to any and all me participation in the Program.	edical/mental health matters relating to my
4. Obtaining and maintaining appropriate health insurance coverage, which sustain or experience while participating in the Program, and specifically a traveling, and abiding by any conditions imposed by the carrier.	
5. Informing my Parents and/or Guardians and any others who may need to providing them with emergency contact information, and keeping them information.	
6. Understanding and complying with the terms of participation, codes of cincluding Hope College's Student Handbook.	conduct, and emergency procedures of the Program,
7. Being aware of local conditions that may present health or safety risks we promptly express any health or safety concerns, both based on my personal others, to Hope College, the Program Sponsor. or other individuals as approximately appr	l health and safety, as well as the health and safety of
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 manner.	others and encouraging others to behave in a similar
11. Avoiding illegal drugs as governed by the laws of Michigan, the United excessive, irresponsible, or underage consumption of alcohol.	I States, and the Program location, and avoiding
12. Following the Program policies for keeping Hope College or Program	Sponsor informed of my whereabouts and well-being.
13. Informing Hope College or other Program Sponsor representative of ar safety, or the safety of other persons participating in the Program, including emergency assistance.	
Printed Student Name:	
Student Signature:	Date:

Student: Return this form to your program leader.