BOWIE
STATE UNIVERSITY
1865

2020 NASP Mentors Luncheon and Career Symposium
Attendance Application

First Name | Last Name | Student I.D. Number

Home Address

City | State | Zip Code

Campus Address (If Applicable)

Email Address | Mobile Number

Major | Concentration

Career Goals:

Relationship:

_____

Home Phone: _____ Work Phone:

_____

Address:

_____

_____

Email:

_____

Person # 2:

Name: _____

Relationship:

_____

Home Phone: _____ Work Phone:

_____

Address:

_____

_____

Email:

_____

Bowie State University
Statement of Responsibility Release and Authorization
To Participate in Out-of-State Program

I, _____, am a student of the Bowie State University ("the University or BSU") and hereby indicate my desire to participate in the College of Business Wall Street (NASP) at National Association of Securities Professionals in New York, New York sponsored by the University during the period of April 3, 2020 to April 3, 2020 My participation is completely voluntary. In consideration for being permitted to participate in the Program, I hereby agree and represent that:

1. I have or will secure health insurance to provide adequate coverage for any injuries or illnesses that I may sustain or experience while participating in the Program. By my signature below, I certify that I have confirmed that my health care coverage will adequately cover me while outside the United States, and hereby release the State of Maryland, the University and the employees and agents of either from any responsibility or liability for expenses incurred by me for injuries or illnesses (including death) that I may incur because of those injuries or illnesses.

2. I understand that this is an academic program, and agree to follow the requirements set forth for class attendance and participation by the faculty member(s) conducting the program, including completing all assigned work and taking all examinations. I realize that noncompliance with these requirements may result in my being prohibited from participation in the travel portions of the course/program and/or a failing grade.

3. I agree to abide by the BSU Student Code of Conduct during and in connection with my participation in the program. I understand that violation of the Student Code of Conduct may result in removal from the study abroad program, in addition to any action outlined in the Student Code of Conduct policy, and I agree to act responsibly and appropriately at all times. I also agree to conform to all applicable policies, rules, regulations, and standards of conduct of any host institution and/or foreign affiliate. I agree that if I violate this provision, that termination of my participation in the Program by the University is appropriate and I accept full responsibility for all costs associated with that termination including but not limited to transportation costs home if I fail to maintain acceptable standards of conduct. In addition, I agree that I may forfeit any tuition refund. A tuition refund, if appropriate, will be guided by the University's and Program's policies. I understand that the director(s) conducting the Program has the designated authority to remove a student from the Program in accordance with this provision.

4. I understand that, although the University will attempt to maintain the Program as described in its publications and brochures, it reserves the right to change the Program, including the itinerary, travel arrangements, or accommodations, at any time and for any reason, with or without notice, and that neither the State of Maryland, the University System of Maryland ("USM"), the University, nor the employees and agents of either,

shall be responsible or liable for any expenses, injury or losses that may be sustained because of these changes. Any refund of tuition and/or fee, if appropriate, shall be decided pursuant to the University and Program's policies.

5. I understand that the University reserves the right to decline to retain me in the Program at any time should my actions or general behavior, in the sole discretion of the University, be determined to impede or obstruct the progress of the Program in any way.

6. I understand that, although the University has made every reasonable effort to assure my safety while participating in the Program that there are unavoidable risks in travel, and I hereby release the State of Maryland, USM, the University, or the employees and agents of either, for any damages or injury (including death) caused by, deriving from, or associated with my participation in the Program, except for such damages or injury as may be caused by the gross negligence or willful misconduct of the employee or agents of the University.

7. I understand that activities or independent travel conducted when I have free time before, during, or after the Program shall be unsupervised, by BSU, its agents or employees. I agree that BSU, USM, and their agents and employees shall have no responsibility or liability for any injury, damage or loss suffered by me during such periods of independent activity or travel, and the Release shall remain in full force and effect during such times.

8. I agree that in the event I become detached from the group or am unable to remain with the group for any reason not within the control of the University, I will bear all responsibility and costs incurred to seek out, and reach the group at its next available destination.

9. I understand that if I voluntarily or involuntarily leave the Program for any reason, including but not limited to illness, I will be responsible for any and all costs associated with that including but limited to the costs for my return home. Any refund of tuition shall be decided pursuant to the University's and Program's policies.

10. I agree that if I require an accommodation due to disability and/or religious observances in order to fully participate in the study abroad Program, I will prior to participation in the Program to the extent my disability or religious observance is known, will follow (or have already followed) the proper procedures for assessment and approval of such accommodation by the necessary University parties as reasonable.

11. I authorize BSU, its employees, agents and representatives at my expense and liability to take appropriate steps and to act in a way to safeguard and preserve my health and/or safety during my participation in the Program, including authorizing medical treatment on my behalf and returning me to the United States for medical treatment ion case of an emergency.

12. I agree for myself, my heirs and my personal representatives, to hold harmless, and forever release and discharge BSU, USM, and all their officers, agents and employees from and against any and all claims, demands, actions or causes of action, on account of damage to personal property, personal injury, or death which may result from my participation and transportation activities in connection with the Program.

13. I understand that I will be provided an itinerary and orientation materials by the director(s) conducting the Program. I agree to carefully read those materials and attend any in-class orientation session scheduled by the director(s).

14. I agree that, should any provision or aspect of this agreement be found to be unenforceable, that all remaining provisions of the agreement will remain in full force and effect.

15. I agree that, should there be any dispute concerning my participation in the Program that would require the adjudication of a court of law, such adjudication will occur in the courts of, and be determined by the laws of the State of Maryland.

16. 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.

17. I acknowledge that I have read this entire document. This agreement represents my complete understanding with the University concerning the University's responsibility and liability for my participation in the Program, supersedes any previous or contemporaneous understanding I may have had with the University on this subject, whether written or oral, and cannot ne changed or amended in any way without my written concurrence.

_____

Name (Print) Date

_____

Name (Signature) Date

_____

Signature of Parent or Guardian (if required) Date

Persons to be notified in case of an emergency:

Person # 1:

Name: _____