

1. Photo & Video Consent Form

First Name _____ Last Name _____

College _____ Class Year _____

Email Address _____ Phone Number _____

Permanent Street Address _____

City _____ State _____ Zip Code _____

During the duration of our four week program, Star Service & Study Abroad will capture photo & video images of “students in action”. These images will be used solely for promotional purposes related to our program and will not be shared with any other entity(s).

Please indicate if you give Star Service & Study Abroad permission to use photograph and video materials that may include your image. In addition to photo & video images students first names and home institutions may be mentioned (for example, a photo caption may read: “Kelsey from the University of Arizona presents on malaria awareness in Kasoa, Ghana”).

- By checking this box I give Star Service & Study Abroad full permission to use my image for the aforementioned purposes with the understanding that limited parts of my identity may also be disclosed to the general public.
- By checking this box I **do not** give Star Service & Study Abroad my consent and I do not allow them to disclose my identity to the public in any way. Nor do I allow them to use any photographs or video materials that contain my person for promotional materials.

By signing this document, I have read, understand, and agree to the terms above.

Signature _____ Date _____

2. Liability Waiver

First Name _____ Last Name _____

College _____ Class Year _____

Email Address _____ Phone Number _____

Permanent Street Address _____

City _____ State _____ Zip Code _____

I _____ agree to waive, release, covenant not to sue and forever discharge SSSA and CHF from any and all manner of actions, causes or causes of action, including, but not limited to negligence, suits, debts, accounts, damages, claims and demands of whatsoever in law, admiralty, or in equity or otherwise, which I have or may acquire by reason of injury, damage or harm to person or property while participating in, arising out of, or connected with SSSA and CHF.

I understand and agree to the terms that Star Service & Study Abroad (SSSA) and the Cheerful Hearts Foundation (CHF) are not responsible for any lost or stolen items. Nor are they, SSSA and CHF, in any way responsible for any personal injury or illness or death.

I understand that participants with SSSA are responsible for holding international health and any other necessary forms of insurance. Additionally, I understand that participants with SSSA, including myself, are responsible for acting and moving about Ghana in a responsible manner that reduces risk of loss and theft of personal belongings, and in ways recommended that reduce the risk of injury or illness or death.

I agree to defend, indemnify and hold harmless SSSA and CHF from any and all claims, demands, and/or causes of action, including but not limited to reasonable attorney fees, medical fees and court costs, arising out of my actions while participating in the SSSA or in connection with any accident or injury that may occur may occur during the activities associated with the SSSA.

By signing this document, I have read, understand, and agree to the terms above.

Signature _____ Date _____

Emergency Contact Information

In the unlikely event of an emergency situation, whether medical, legal, personal or other, Star Service & Study Abroad requires all participants to provide the information of a responsible third party who has the capacity to attend to and/or respond to unforeseen circumstances and other important matters on the participant's behalf.

Your Information

First Name _____ Last Name _____

College _____ Class Year _____

Email Address _____ Phone Number _____

Permanent Street Address _____

City _____ State _____ Zip Code _____

Emergency Contact Information

First Name _____ Last Name _____

Cell Phone Number _____ Home Phone Number _____

Work Phone Number _____ Relationship _____

Email Address _____

Permanent Street Address _____

City _____ State _____ Zip Code _____

- This person knows that I will be in Ghana with Star Service & Study Abroad during the specified summer dates. (Please note that provided emergency contacts must be fully aware of your participation in our international travel program).

Permission to Share Information

By signing this form, I give SSSA and CHF permission to communicate with each other and the emergency contact(s) provided regarding any issues surrounding my study abroad experience. I understand that such contact may occur before, during or after my travels to Ghana with SSSA and, when possible, I will be notified in advance that SSSA and/or CHF will be contacting the party listed. Communication with my emergency contact may include, but not be limited to, my account information, student conduct issues, health and safety, and/or my academics.

Signature _____ Date _____

3. Living & Learning Policy

First Name _____ Last Name _____

College _____ Class Year _____

Email Address _____ Phone Number _____

Permanent Street Address _____

City _____ State _____ Zip Code _____

Star Service & Study Abroad follows a unique service & study model which means that students must adhere to high expectations in regard to their professional, educational, & social behavior while abroad.

Living Policy

I understand that by participating in the SSSA program, I agree to interact and behave in ways that will minimize risk to myself, my peers, SSSA & CHF staff, and members of the community at all times. In addition to reviewing and abiding by the Rules & Safety Agreement and the Responsibility & Ethics Policy, I will treat every person, whether in the SSSA program or not, with genuine respect and kindness. I will act in a way that will represent myself, my community, my program, my country (and any other affinity groups that I may belong to) favorably. I understand that failure to do so may result in disciplinary action or termination of my participation.

Learning Policy

I agree to demonstrate an active willingness to learn and grow for the duration of the SSSA program in Ghana. I understand that SSSA values self-reflexivity and understanding, meaning that if I do make a mistake of any sort, I will work to learn from my mistakes and engage in self-correction. I understand that failure to do so has the potential to harm individuals and communities and hinder intellectual growth. For this reason, SSSA requires all participants to demonstrate an active commitment to the learning environment and utilize the learning resources made available to them. By participating in the SSSA program and hereby signing this form, I vow to be an active learner adhere to SSSA's educational values. I agree to attend all classes on time, coordinate professionally with mentors and staff, and communicate effectively with all members of my SSSA community to the absolute best of my ability. I understand that failure to do so may result in disciplinary action or termination of my participation.

By signing this document, I have read, understand, and agree to the terms above.

Signature _____ Date _____

4. Rules & Safety Agreement

First Name _____ Last Name _____
 College _____ Class Year _____
 Email Address _____ Phone Number _____
 Permanent Street Address _____
 City _____ State _____ Zip Code _____

This agreement outlines the expectations of participants in regards to their health & safety as well as the health & safety of their peers, community, and program staff. All current and new participants are required to review this document in full and abide by the stated terms for the duration of Star Service & Study Abroad’s summer program. This policy is intended to minimize risk and injury to students, staff, and community members. Failure to comply may result in disciplinary action and/or termination of participation.

In addition to signing and reviewing this form, all participants are required to review the Center for Disease Control’s health and safety recommendations for travel in Ghana as well as the Safety page of Star Service & Study Abroad’s website. Star Service & Study Abroad has a zero tolerance policy for reckless behavior. Students who do not exercise appropriate cautions or who behave in a way that puts themselves, their community, or their group (including staff) at risk may face disciplinary action or termination from the program.

Drugs and Alcohol

All Star Service & Study Abroad participants are forbidden from engaging in drug-related activities of any sort including but not limited to the selling, purchasing and/or consuming of any and all forms of illegal drugs. This includes marijuana which is NOT legal in the Republic of Ghana. Star Service & Study Abroad has a zero tolerance drug policy. Any students who participate in such illegal activities will be expelled from the program and sent home immediately.

In regards to alcohol consumption, SSSA recognizes that some students may find themselves in different legal standing than they are in the United States as the legal drinking age in Ghana is 18 years. Regardless of a participant’s age and/or legal status, all SSSA participants are required to avoid or minimize alcohol

consumption. Participants must be fully aware of the detrimental effects and dangers that come with alcohol consumption and irresponsible drinking. Participants are forbidden from drinking alcohol Monday through Thursdays for the duration of the program. SSSA requires all participants to drink responsibly and always remain in the company of (an)other SSSA participant(s) if they chose to partake in such activities at all. All participants *must* maintain constant awareness of the fact that they are in our program strictly for the purposes of working (service) and learning (study) in an international setting. All participants are expected to behave in ways that reflect the values and mission of our program at all times. Star Service & Study Abroad has a zero tolerance policy for participants who abuse substances (including but not limited to alcohol) as well as those who engage in any reckless behavior. Participants who do not exercise caution in regards to consuming alcoholic beverages will risk of expulsion and being sent home.

Socializing & Housing

All SSSA participants are required to abide by the following guidelines:

- Use discretion when divulging information about themselves
- Do not disclose information about where you (we) are staying to people who are not associated with SSSA
- Do not invite anyone outside of the program to our residence. Guests are not allowed on the premises.
- Report to responsible authorities any suspicious persons loitering around residence or instructional facilities
- Always keep doors locked and store valuables in secure areas
- Avoid demonstrations or other potentially volatile situations.
- Do not wear expensive clothing or flashy jewelry. Try to keep as low of a profile as possible.
- Try not to make yourself conspicuous by dress or loud or vulgar speech.
- Dress modestly and casually as much as possible.
- Make sure that the resident director who is responsible for your welfare knows your whereabouts.
- Carry a *paper photocopy* of your passport (including your visa page) with you at all times
- Make wise decisions, exercise extreme caution and avoid engaging in any and all forms of sexual intercourse for the duration of the program as such activity can put persons at risk of disease and pregnancy. Participants that either become pregnant or impregnate another person while abroad with the SSSA program will be required to undergo family planning counseling prior to being expelled and sent home.

Money

All SSSA participants are required to abide by the following guidelines:

- Avoid carrying large amounts of cash with you.
- Only keep as much money as you need for the day on your person.
- Keep any excess cash locked in a safe place in your room.
- Store the international number to your bank and your account number in a location separate from your funds (whether on a cell phone, laptop or written on paper) so that you can report your account information in the unlikely event of theft.

Activities

All SSSA participants are forbidden from participating in the following activities:

- Entering large bodies of water (such as lakes, rivers and oceans to swim) without SSSA staff approval, when it is dark outside and especially by oneself
- Engaging in extreme sports and water activities such as but not limited to, parasailing, hang gliding, ATV riding, surfing, horseback riding, dirt biking and the like.
- Operating a motor vehicle of any kind including but not limited to cars, motorcycles, scooters, speed boats, tractors and jet skis.
- Riding any of the above mentioned motor vehicles with the exception of cars.
- Hitchhiking

Transportation

Star Service & Study Abroad will arrange for all participants long-distance travel needs as well as their transportation to and from the airport. Participants are to adhere to the following guidelines on a daily basis when not traveling with SSSA staff.

- Travel with a companion whenever possible.
- Always let your classmates know where you are going and travel together.
- Familiarize yourself with your surroundings and refrain from going out at night by yourself
- Travel during daylight hours, especially when in rural areas.
- Select the safest form of transportation possible.
- Choose official taxis and always ride in the backseat of all taxis and discuss and agree on payment with the driver before being taken anywhere.
- Choose official methods of public transportation such as buses and trains.
- Follow other pedestrian traffic patterns (remember to always be alert at intersections and that pedestrians do not always have the right of way in other countries).
- Wear reflective clothing if jogging or walking at night.
- Do not hitchhike in any way for any reason. If stranded call an SSSA or CHF staff member.**

Health, Food & Drink

- Follow SSSA's Safety recommendations to prevent insect bites (*see website for details*)
- Practice safe food & drink habits (for example, only eat food that is cooked and served hot, do not eat food that is raw or undercooked, do not eat unwashed or unpeeled fruits and vegetables. *See Safety page of website for more details and information*)
- Avoid sharing bodily fluids (such as needles, hygiene products .
- Use latex condoms correctly if you choose to engage in sexual intercourse.
- Do not share needles or any devices that can break the skin (tattoo, piercings or acupuncture).
- Do not get tattooed or pierced during your time abroad (engaging in such activity will result in immediate expulsion from the program)**

General Rules

By signing this form, I agree to abide by the rules and safety recommendations outlined above as well as the general program rules below:

- I will keep my local cell phone fully charged and by my side at all times
- Upon arrival in Ghana, I will program the appropriate emergency contacts into my local cell phone and familiarize myself with on-site emergency resources and learn how to utilize them if/when needed
- I will make sure that the at least one (1) of the resident directors who are responsible for my welfare (either Brittini Howard and/or Nialena Ali) knows my whereabouts at all times.
- I will travel with another SSSA participant as frequently as possible and remain in regular contact with SSSA participants and SSSA/CHF staff
- I will abide by the safety rules as outlined on Star Service & Study Abroad's website at all times
- I will try my absolute best to communicate effectively with others at all times
- I understand that individuals who are not affiliated with the SSSA program are not allowed to visit for the duration of the program. If I would like to have outside visitors, I can choose to stay in country longer and arrange for our (my and/or their) accommodations myself, separately from what has been provided by SSSA.
- I will act professionally and respectfully to all program staff, participants & members of my host community
- I am at least 18 years of age at the time of signing this form

By signing this document, I have read, understand, and agree to abide by the terms above.

Signature _____ Date _____

5. Harassment & Discrimination Policy

First Name _____ Last Name _____
 College _____ Class Year _____
 Email Address _____ Phone Number _____
 Permanent Street Address _____
 City _____ State _____ Zip Code _____

This Non-Discrimination and Anti-Harassment Policy and Complaint Procedures policy will be issued to all current participants and new participants.

SSSA has a zero tolerance for any form of harassment and discrimination from and/or between staff, participants, and any people engaged with us during the program. The most productive and satisfying work, study, and internship environment is one in which work is accomplished in a spirit of mutual trust and respect.

All participants have a right to work in an environment free from discrimination and harassing conduct, including sexual harassment. Harassment on the basis of a participant's race, color, creed, ancestry, national origin, age (40 and over), disability, sex, arrest or conviction record, marital status, sexual orientation, membership in the military reserve or use or nonuse of lawful products away from work is expressly prohibited under this policy.

Definitions

Harassment is a form of discrimination that is offensive, impairs morale, undermines the integrity of work and internship relationships and causes serious harm to the productivity, efficiency and stability of our organization. Discrimination is adverse treatment of any participant based on the protected class or category of persons to whom she/he belongs, rather than on the basis of his/her individual merit, with respect to the terms, conditions, or privileges of employment including, but not limited to hiring, firing, promoting, disciplining, scheduling, training, or deciding how to compensate that employee or participant.

In general, harassment means persistent and unwelcome conduct or actions on any of the bases underlined above. Sexual harassment is one type of harassment and includes unwelcome sexual advances, unwelcome physical contact of a sexual nature or unwelcome verbal or physical conduct of a sexual nature. Sexual

assault is a sexual act against the will and without the consent of the victim or where the victim is incapable of giving consent.

Recognizing Harassment

Harassment may be subtle, manipulative and is not always evident. It does not refer to occasional compliments of a socially acceptable nature. It refers to behavior that is not welcome and is personally offensive. All forms of gender harassment are covered. Men can be sexually harassed; men can harass men; Women can harass other women. Offenders can be managers, supervisors, co-workers, and non-employees such as clients or vendors. Harassment can manifest in both verbal and nonverbal forms.

Verbal

Jokes, insults and innuendoes (based on race, sex, age, disability, etc.), degrading sexual remarks, referring to someone as a stud, hunk or babe; whistling; cat calls; comments on a person's body or sex life, or pressures for sexual favors. Racial slurs, derogatory remarks about a person's accent, or display of racially offensive symbols are all examples of verbal harassment.

Nonverbal

The following are some examples that constitute nonverbal harassment: gestures, staring, touching, hugging, patting, blocking a person's movement, standing too close, brushing against a person's body, or display of sexually suggestive or degrading pictures, racist or other derogatory cartoons or drawings. Unwelcome or inappropriate physical contact, comments, questions, advances, jokes, epithets or demands; Displays or electronic transmission of derogatory, demeaning or hostile materials; and unwillingness to train, evaluate, assist, or work with any persons based on some perceived aspect of their identity.

Sexual harassment

Is a form of harassment that consists of making unwelcome sexual advances or requests for sexual favors, or engaging in other verbal or physical acts of a sexual or sex-based nature where such conduct interferes with any person's work performance or creates an intimidating, hostile or offensive working environment.

Sexual harassment may also occur where a supervisor/manager demands that an employee/subordinate satisfy sexual demands in order to receive job benefits, to continue employment, or as a basis for making any other employment decision. Such sexual harassment occurs between a manager/supervisor and an student/employee due to the nature of the manager/subordinate relationship. A manager/supervisor for this purpose is someone who can affect or impact a student/employee's terms, conditions, or privileges of employment/academic privileges because she/he can take or impact action such as hiring, firing, promoting, disciplining, scheduling, training, or deciding how to compensate or grade that student/employee.

Grievance and Reporting Procedure

Any SSSA participant who believes they are or have been harassed, or who becomes aware of harassment, should promptly notify the director(s). If the participant believes the supervisor is the harasser, the another supervisor should be notified. If a participant is uncomfortable discussing harassment with his or her

supervisor, any SSSA participant may make a complaint to any of the individuals listed below: **Brittini Howard (SSSA Co-Director), Nialena Ali (SSSA Co-Director), and Eric Opoku Agyemang (CHF CEO).**

It is imperative that all management and supervisory personnel promptly report any discrimination, harassment, retaliation or sexual assault that they observe, learn about from others, or reasonably suspect has occurred with respect to an participant. Upon notification of a harassment complaint, a confidential and impartial investigation will be promptly commenced and will include direct interviews with involved parties and where necessary with any persons who may be witnesses or have knowledge of matters relating to the complaint. The parties of the complaint will be notified of the findings and their options.

Non-retaliation

This policy prohibits retaliation of any kind against any persons bringing a complaint or assisting in the investigation of a complaint. Such persons may not be adversely affected in any manner related to their internship/employment. Any form of retaliation against anyone who has complained of or formally reported discrimination, harassment, or sexual assault, or has participated in an investigation of such a complaint, regardless of whether the complaint relates to the complaining person or someone else violates both this policy and applicable law. Examples of retaliation include termination, demotion, refusal to promote, or any other adverse action that would discourage a reasonable person from opposing perceived discrimination.

Disciplinary Action

SSSA views harassment and retaliation to be among the most serious breaches of work and study place behavior. Consequently, appropriate disciplinary or corrective action, ranging from a warning to termination, can be expected.

SSSA expects directors, managers, assistants, and other personnel to serve as models of appropriate conduct for students, and will hold them to a higher standard of accountability. SSSA expects directors, managers, assistants, and other personnel not only refrain from actions that violate this policy, but also refrain from any activity that would give the appearance of impropriety.

SSSA is committed to enforcing this Non-Discrimination and Anti-Harassment Policy and Complaint Procedures at all levels in order to create an environment free from discrimination, harassment, retaliation and/or sexual assault.

By signing this document, I have read, understand, and agree to the terms above.

Signature _____ Date _____

6. Risk Management Protocol

First Name _____ Last Name _____
 College _____ Class Year _____
 Email Address _____ Phone Number _____
 Permanent Street Address _____
 City _____ State _____ Zip Code _____

The formulation of the policy has been informed by both international & local experiences & secondary research regarding study abroad.

The Purpose of this Policy

Star Service & Study Abroad participants and staff recognize that the nature of our activities and the environment in which we operate expose us, our partners, and local communities to risk. Risks are uncertain future events that occur in many ways and have the potential to impact or harm people, communities, stakeholders, reputations, finances, operations and the success of our organization. Risks by their nature can be avoided, managed to acceptable levels, and be responded to ethically and responsibly. Risk, uncertainty, and change exist for every organization. We can be better prepared and reduce the likelihood of harm to SSSA staff, participants with SSSA, the Cheerful Hearts Foundation (CHF), community partners, and local communities through risk management. We will effectively manage risk to ensure that our objectives, goals and purpose are achieved. This Risk Management Policy provides the framework for how we manage our strategic and operational risks.

Organizations and Community Risk Management

SSSA's intentions for managing organizational risks or project related risks are built into the program with links between SSSA's and CHF's objectives and policies. We comply with international expectations for responsible, ethical, and do no harm legislations. Participants in this program will be held accountable and responsible for their actions with organizations, community partners, and communities.

The directors of this program will maintain checks and performance measures to ensure participants engage with organizations, community partners, and communities with attention to the potential risks. SSSA takes the safety of the communities and community partners we work with very seriously.

It is crucial for SSSA to continue building good relationships with stakeholders, CHF, community partners, lodging staff and local businesses. We will work with an array of community partners established by Cheerful Hearts Foundation staff and SSSA directors. It is of extreme importance to protect the people we work with in communities and with our partners from our social, physical, economic, cultural, and political presence. It is important to observe and listen and do no harm in any foreseeable way.

We are in other people’s work spaces, communities, and businesses. CHF invited us to work alongside them, to learn from each other. The work that you may engage in is considered community organizing, community development, economic development, social justice work, and human rights advocacy and social change. All facets of this work are a process, a process best led at the local level.

Student Risk Management

SSSA takes the safety of participating students very seriously. Students may request individual meetings, submit anonymous letters to our physical “comment box”, and should report any problems or concerns in person and/or in writing. The directors of SSSA will conduct weekly check-ins with community partners and CHF staff, as well as debriefs each Friday with participating students. One-on-one meetings between SSSA directors and students are recommended, especially if there are any concerns, problems, or questions.

All facets of the work we will see and be a part of is designed and facilitated by local partners. We have the opportunity to learn and participate in various aspects of programs designed by local partners and community members. Your ideas and questions are welcome, but respect and courtesy are expected at all times.

We will engage with our stakeholders and use our knowledge and understanding to identify our risks. We will determine the level of risk for our organization by considering the probability and impact and our purposes and objectives. Ownership of risks and how they will be managed will be assigned to the directors to provide assurance to our stakeholders. We will communicate and consult with our stakeholders (internal and external) on our approach to risk management.

We will survey students before and after their participation in the SSSA program, and will survey stakeholders to evaluate our work and risk management (every two years).

By signing this document, I have read, understand, and agree to the terms above.

Signature _____ Date _____

7. Tuition & Fees Agreement

First Name _____ Last Name _____

College _____ Class Year _____

Email Address _____ Phone Number _____

Permanent Street Address _____

City _____ State _____ Zip Code _____

The purpose of this form is to make participants fully aware of all terms and stipulations related to tuition and fees paid to Star Service & Study Abroad. The Cheerful Hearts Foundation is in no way responsible for participant payments and all monies must be paid to Star Service & Study Abroad in full by the appropriate deadline(s). By signing this form participants agree to abide by the terms outlined below.

Payment Deadlines

I understand that my entire SSSA fee must be remitted no later than the due date as defined on the “Deadlines” page of the Star Service & Study Abroad website. If I am a financial aid, scholarship or grant recipient (i.e. recipient of external funds), I agree to pay SSSA’s tuition and fees promptly upon receipt of my external funds. If my external funds are delayed or are scheduled to arrive after SSSA’s payment deadline, I will notify SSSA immediately upon notice. Further, if my external funds do not cover the full amount of SSSA’s program costs, I will remit the difference to SSSA by the deadline date (or the agreed upon date in the case of a delay). Should I fail to make payment by the SSSA deadline or provide documentation of my external funds and expected date of delivery, I understand that I forfeit my privilege to participate in with SSSA.

Scholarships & Deadline Forgiveness

I understand that Star Service & Study Abroad does not offer scholarships or discounts and that I must look for external financial resources if I am interested in receiving some form of financial aid. I am aware that there is extensive information and numerous external resources available for my review on the “Financial Aid” page of Star Service & Study Abroad’s website. I understand that if I experience financial difficulties, I may contact SSSA directly request a payment plan. Star Service & Study Abroad makes decisions in regards to deadline forgiveness on a case-by-case basis and reserves the right to reject any request.

Tuition & Fees

I understand that my tuition & fees cover the following expenses: classes, lectures, housing, meals, SSSA activities, SSSA excursions and daily transportation costs. Monies paid directly to SSSA in the form of tuition & fees does not cover the costs of visas, passports, airfare or vaccinations. I understand that it is my responsibility to pay my program tuition & fees in full to SSSA and secure my visa, passport, airfare and vaccinations independently from SSSA as these services are provided through third parties whom are in no way affiliated with the Star Service & Study Abroad program.

Refund Policy

I understand that Star Service & Study Abroad does not grant refunds for any reason. If I choose to end my participation in the SSSA program for any reason, I will not receive a refund on the tuition & fees previously paid. Reasons for termination of my participation may include (but are not limited to) medical conditions (such as sickness, injury, mental illness or depression), expulsion as a result of disciplinary action, family matters in my home country, and/or unforeseen personal circumstances. If I am receiving financial aid, scholarship or grant monies, it is understood that full payment for tuition and fees has been committed by me. Thus the external funds paid are subject to SSSA's financial terms and conditions and will not be refunded.

Early Leave

I understand that if I am required to terminate my participation with SSSA prior to the program's end date for non-disciplinary reasons (such as medical conditions or family emergencies), I will be responsible for my return flight to the United States (or other destination if traveling outside of the United States). SSSA will arrange for my domestic transportation from our program site to the Kotoka International Airport in Accra. However, SSSA takes no responsibility for airfare, changes in flight itineraries and any and all issues pertaining to air travel. If my early termination is *not* a result of disciplinary action, I will still have access to the services and accommodations provided by SSSA (such as lodging and meals) as I await my departure.

Extended Stays & Visitor Policy

I understand that SSSA participants are not allowed to have any outside visitors for the duration of the program. Visitors include (but are not limited to) family members, spouses, friends, colleagues and all individuals who are not affiliated with the SSA program and are interested in coming to the program site to socialize with participants. Visitors are not allowed to come for the duration of the program and are forbidden from accessing the accommodations provided by SSSA (such as lodging, meals and/or transportation). I understand that in the case of unique circumstances (such as a professor from my home university who happens to be doing research in the area or a relative who is an expatriate in Ghana), I may make a Visitor Request with SSSA's directors who will make a decision on a case-by-case basis. I understand that I may choose to extend my stay prior to or past the program's dates. During this time I will not be affiliated with SSSA in any way nor will I be under SSSA's administration therefore I may receive visitors in Ghana.

Additionally, I understand that in the case of expulsion I must leave the SSSA premises however, I am not necessarily obliged to leave the country. I understand that if I am expelled from SSSA and choose to extend my stay 1) I will not be affiliated with SSSA in any way nor will I be under SSSA's administration therefore 2) I will have the choice to extend my stay in Ghana, return to my home country or travel to any destination of my choice (adhering to visa and passport regulations).

I understand that if I choose to extend my stay in Ghana outside of the program dates (whether due to expulsion, to receive visitors or for other reasons) I will not be affiliated with SSSA and SSSA will not be responsible for my safety, housing, meal, transportation or other needs. SSSA takes no responsibility for airfare, changes in flight itineraries and any and all issues pertaining to air travel. During the dates of my extended stay, I will be ineligible to access the housing, lodging, transportation and meal accommodations typically provided by SSSA. I will be solely responsible to pay for my return flight and any other accommodations (such as food and lodging) during my extended stay (whether before or after the program dates).

Expulsions

I understand that if I have been expelled and am required to terminate my participation with SSSA prior to the program's end date for disciplinary reasons, I will be responsible for 1) any accommodations that I may require from the written date of my expulsion to the day of my official departure 2) my return travel. If I am expelled and choose to leave the country immediately after my written expulsion date, SSSA will arrange for my domestic transportation from our program site to the Kotoka International Airport in Accra. However, SSSA takes no responsibility for airfare, changes in flight itineraries and any and all issues pertaining to air travel. I understand that I will be responsible for my return flight to the United States (or other destination if traveling outside of the United States). In the case of expulsion from the program I understand that 1) I will be ineligible for a refund 2) I will be ineligible to access the housing, lodging, transportation and meal accommodations as provided by SSSA 3) I will be responsible to pay for my return flight and any other accommodations (such as food and lodging) leading to my departure 4) I will not be affiliated with SSSA in any way nor will I be under SSSA's administration therefore SSSA takes no responsibility for me as of on the date of my written expulsion.

By signing this document, I have read, understand, and agree to the terms above.

Signature _____ Date _____

8. Program Consent Form

First Name _____ Last Name _____

College _____ Class Year _____

Email Address _____ Phone Number _____

Permanent Street Address _____

City _____ State _____ Zip Code _____

By signing this form I hereby confirm that:

- I have read Forms 1-7 thoroughly and agree to abide by every condition, term and rule outlined
- I will abide by all of SSSA's terms and conditions for the duration of the program.
- I understand that failure to comply with the stipulations outlined in Forms 1-7 can result in disciplinary action and my expulsion from the program
- Outside of the specified program dates, I will not be affiliated with SSSA in any way nor will I be under SSSA's administration
- I am at least 18 years of age at the time of signing this form

By signing this form I am expressing enrollment in the program and reserve my space in Star Service & Study Abroad's summer program in Ghana. I understand that my space in the program is not fully secured until I submit my tuition & fees payment in full by the appropriate deadline. This form confirms that I have read all necessary documents and after paying the program costs, I agree to travel with SSSA and abide by SSSA's policies for the duration of the program.

I _____ [print name] have been made aware of all terms and conditions and, of my own accord, I hereby give my full consent to participate in Star Service & Study Abroad's summer program in Ghana.

Signature _____ Date _____

10. Confidential Medical Information Form

First Name _____ Last Name _____

College _____ Class Year _____

Email Address _____ Phone Number _____

Permanent Street Address _____

City _____ State _____ Zip Code _____

A health record is confidential and accessible only to health personnel and the staff of SSSA to which the applicant has applied. Information regarding an applicant's health, however, is important in anticipating and dealing with health problems which may arise during the student's stay abroad.

An applicant will not be rejected due to either their physical or emotional condition unless it is of such nature as to prevent successful participation in the program, medical care for a patient's medical problem is not available in the country in which the applicant will study, and/or the living and environmental conditions to which the applicant could be exposed would present a risk to the health of the individual.

I. PERSONAL INFORMATION

I understand that any travel, highway travel, and travel within the United States and foreign countries involves some risk and that participation in SSSA is entirely voluntary. I am aware that though Star Service & Study Abroad takes necessary precautions to prevent harm to participants, SSSA cannot assure that participants in the program will not be injured or exposed to dangers and risks that may result in serious injury, loss, harm, disease or illness.

Medical History

1. Do you have any significant chronic medical conditions requiring ongoing medical supervision and treatment, or have you had in the past any significant condition which is currently in remission? (Ex. allergies of any kind, asthma, diabetes, heart problems, chronic or recurrent gastrointestinal disorder, seizure disorder, treatment for cancer, bleeding disorder, etc.)

No _____ Yes _____ (if yes, please describe)

2. Are you currently receiving, or have you received in the past two years, counseling for any emotional problem, drug addiction, alcoholism, psychiatric condition or eating disorder?

No _____ Yes _____ (if yes, please describe)

2. Are you currently taking any medication(s)?

No _____ Yes _____ (if yes, please describe)

3. Do you have any dietary restrictions or food allergies?

No _____ Yes _____ (if yes, please describe)

I have advised SSSA of any health and physical or psychological problems that I have. In the event of injury or illness to me, I accept full financial responsibility and agree to release SSSA from any and all responsibility from any such medical claim, lawsuits, damages, expenses or liabilities. I will notify SSSA hereafter of any relevant changes in my health that occur prior to the start of the program.

By signing this document, I have read, understand, and agree to the terms above.

Signature _____ Date _____

II. MEDICAL CLEARANCE

Instructions

Participants are to fill out Section A of this form with their personal information. After completing Section A, participants must bring this form to their primary care physician who is to review, complete and sign Section B. The health provider must be licensed in the U.S. and cannot be an immediate family member of the participant. The Medical Clearance Form will be returned to the health practitioner if it does not have the participant's name or is missing information. A primary care physician may approve and sign this Medical Clearance Form if s/he is willing to provide the health clearance and is willing to be the contact person for this participant when s/he is in the education abroad program. If a specialist or specialists is/are currently providing treatment to the participant and the primary physician does not want to take responsibility for the specialists' medical judgment, each specialist also must approve and sign this Medical Clearance Form, and provide legible contact information.

Section A

First Name _____ Last Name _____

College _____ Class Year _____

Email Address _____ Phone Number _____

Permanent Street Address _____

City _____ State _____ Zip Code _____

Section B

1. Does the student have any physical or emotional problems which might cause hardship through change of location and/or travel?

No _____ Yes _____ (if yes, please describe)

2. Does the student have any dietary, allergic or other medical conditions requiring special medical attention that might not be available in a foreign setting? (orthodontics, contact lenses....)

No _____ Yes _____ (if yes, please describe)

3. To your knowledge, does the student have any predisposing medical, surgical or emotional factors which may, under stress or duress during a program, present a need to immediate therapy while away?

No _____ Yes _____ (if yes, please describe)

4. Please list any serious illnesses the student has had in the last three years.

5. Does the student possess the physical and mental well-being required to: live and study in the applicable foreign setting where resources may be different or fewer than those to which they are accustomed; exercise good judgment; and safely fulfill all essential components of the education abroad program, including appropriate standards of conduct?

No _____ Yes _____ (If no, please explain)

6. Does the student have a condition that would prevent them from being able to live in a setting quite different from that to which they may be accustomed and that may aggravate any existing health conditions (e.g., dormitories or residences that may not be air conditioned or afford privacy, homestays with local families, etc.).

No _____ Yes _____ (if yes, please describe)

7. Does the student have a condition that would prevent them from participating in program related excursions and activities, which may include moderate activities such as hiking, walking, and/or other recreational sports and in some cases more strenuous activities, where heat or cold may be a factor, based in the particular education abroad program? If yes, please explain.

No _____ Yes _____ (if yes, please describe)

8. Is this individual capable of participating in the program to which he/she is applying?

Yes _____ No _____

I have reviewed thoroughly the above information, the participant's health and the medical records on file for the individual in question. To the best of my knowledge, there are no medical, psychological, or emotional problems to preclude participation in a student exchange/study abroad program. If such problems do exist I have disclosed them in this form.

Based on the information contained in the participant's medical records and provided to me by the participant, both in person and on file, to the best of my knowledge, the individual in question is capable of participating in the program to which she/he is applying:

Yes _____ No _____

Physician's report for (student's name): _____

Printed physician name _____

Signature of physician _____

Telephone: _____

Address: _____

Physician's office stamp

One copy of this form is to be kept on file by the health care professional who performed this clearance. The participant shall also retain a copy for her/his personal records. The participant must provide the original copy of this form to Star Service & Study Abroad along with her/his enrollment forms prior to the date of her/his anticipated departure.