



# PARIS FASHION EXPERIENCE

December 27 – January 25, 2011

## Fact sheet

### WHO?

- Mount Mary College apparel product development or merchandise management majors in good standing
- Students from other colleges who are in good standing at their home institution

### WHAT?

- The Paris program will provide academic course work opportunities for student interested in
  - Apparel Product Development: Paris Design Seminar (3 credits)
  - Merchandising Management: Trend Analysis (3 credits)
- Students who enroll in the Paris program are required to enroll in a French for professionals course during the fall 2010 semester which will include orientation activities.

### WHEN?

December 27, 2010 – January 25, 2011

### WHERE?

- Students will be housed in centrally located apartments within walking distance to school and many of Paris's primary sites. Metro passes will be included.

### LEADERS?

- Sandra Keiser – Associate Professor of Fashion
- Sandra Tonz – Instructor of Fashion

### HOW MUCH? <sup>1</sup>

- Estimated cost: \$5300\* based on double occupancy includes: all transportation, lodging, study abroad insurance, tours, and some meals.
  - \*Program fees are based on a realistic estimate of participants. The cost may change if the exchange rate and air fares fluctuate or if the minimum number of participants is not achieved.
- Three credits of tuition may be included in full-time 2009 Spring tuition as long as student does not exceed 18 credits.
- Tuition will be charged on a per credit basis for:
  - For part time students
  - For full time students: any credits exceeding a semester load of 18 credits.
- Part-time students are not required to take the program for credit

## HOW DO I ENROLL?

- Applications will be accepted beginning March 22, 2010
- You must act quickly. Enrollment will be limited to 24 participants.
- Complete the “Application and Recommendation” forms and make a \$100 nonrefundable program deposit.

## EARLY DEPOSIT INCENTIVES

- Early applicants (prior to May 14) will receive a \$100 discount off of the total program cost.

## WHEN ARE PAYMENTS DUE?

- A non-refundable \$100 deposit to reserve your spot.
- \$1000 by September 15, 2010
- Final payment (\$4100 or \$4200) due November 15, 2010

**Checks should be made out to Mount Mary College and mailed to: International Studies Office, Mount Mary College, 2900 N. Menomonee River Parkway, Milwaukee WI 53222-4597.**

## FOR MORE INFORMATION:

Contact the International Studies Office at 414-258-4810, ext. 459.

<sup>1</sup> *During the past several years, airfares have varied greatly and the US Dollar has declined. While we have budgeted for an increase based on our experience with the Perú 2009 program, an unanticipated sharp rise in airfares might mean an increase in the total program costs. If any such increase were to become necessary and you advise us in a timely fashion that you will not be able to participate, you will be given a full refund.*

*Updated June 16, 2010*

**Application and Registration information provided on following pages.**

**Mount Mary College**  
**Study Abroad Application & Registration Cover Sheet**  
**Paris Fashion Experience**  
**December 27, 2010 – January 25, 2011**

Thank you for your interest in overseas study through Mount Mary College International Studies. Please read this sheet carefully so you know what is necessary for a complete application.

**General program requirements**

2.5 GPA

Good Disciplinary Standing

Valid Passport (Apply NOW if you do not have one)

Complete application with deposit and recommendation forms.

The total program cost is \$5,300.\*

\*Program fees are based on a realistic estimate of participants. The cost may change if the exchange rate and air fares fluctuate or if the minimum number of participants is not achieved.

**General application process:**

- Carefully read this entire packet.
- Fill out, sign, and date the **Application and Registration** packet.
- Make a **photocopy** of your application for your reference; much important information is included in the "Statement of Responsibility".
- Drop off your completed Application and Registration packet, along with your **\$100 nonrefundable deposit** made out to "Mount Mary College", at the International Center, 157 Caroline Hall.
- Give the **recommendation forms** to two people such as professors or advisors who are not related to you and are qualified to comment on your academic achievements in your major area of study.
- Program applications will be accepted until September 17, 2010 or until the program is filled.

**Early application deadline for \$100 discount.**

Students who apply before May 14, 2010 will be eligible for a \$100 program discount.

International Studies Office, Room 157 Caroline Hall  
Mount Mary College, 2900 N Menomonee River Parkway, Milwaukee WI 53222-4597  
414-258-4810 ext 459

**STUDENT APPLICATION/ REGISTRATION FORM**  
**MOUNT MARY COLLEGE STUDY ABROAD**  
**PARIS FASHION EXPERIENCE**  
**December 27, 28, or 29 2010 – January 25, 2011**

FOR OFFICE USE ONLY:

Applic. Rec'd \_\_\_\_\_

Deposit Rec'd \_\_\_\_\_

Recomm. Rec'd \_\_\_\_\_

Recomm. Rec'd \_\_\_\_\_

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Current address: \_\_\_\_\_

Current phone numbers: \_\_\_\_\_

Permanent address: \_\_\_\_\_

Permanent phone numbers: \_\_\_\_\_

Mount Mary College Email: (write clearly) \_\_\_\_\_

E-mail that you check frequently: (write clearly) \_\_\_\_\_

Student ID: \_\_\_\_\_ Year in school: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Overall GPA: \_\_\_\_\_ Major GPA: \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_

Department Advisor: \_\_\_\_\_

Name as it appears on Passport: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Expires: \_\_\_\_\_

\*\*\*Passport number NOT required for application. If you do not have one, apply for one immediately.\*\*\*

We will use the name you enter here for your airline ticket. If the name on your passport and the name on your airline ticket don't match, you may not be allowed to board. You will be responsible for any fees for re-ticketing.

Citizenship: (circle one): *US Citizen*      *Permanent Resident*      *Non-US Citizen*

Emergency Contacts:

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Phone number(s) \_\_\_\_\_

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Phone number(s) \_\_\_\_\_

I found out about study abroad from: (circle one or more)

*Academic advisor*    *Friend*      *Professor*    *Email Listserv*      *Classroom presentation*

*Study Abroad Fair*      *Bulletin Board*      *Other: \_\_\_\_\_*

I will be funding my overseas program through: (circle one or more)

*Personal funds*      *Parents*      *Mount Mary College Academic Scholarship*

*WI grant*      *Financial Aid*      *Other: \_\_\_\_\_*

Please detail any prior experiences living or studying abroad. Where did you stay? How long was the experience? What was the purpose of the trip?

Do you have any special needs that we should be aware of? These will not affect your application but will help us to better serve you. (physical, visual, auditory, learning, dietary (vegetarian), medical)

What background do you have with the French language?

# of **years** of high school French \_\_\_\_\_  
# of **semesters** of college level French \_\_\_\_\_

Aspect of the Paris program that interest me:

- Apparel Product Development: Paris Design Seminar \_\_\_\_\_
- Merchandise Management: Trend Analysis \_\_\_\_\_

#### ACADEMIC RECOMMENDATIONS:

Please identify two Mount Mary College professors that could provide recommendations for you.

- \_\_\_\_\_
- \_\_\_\_\_

## Statement of Responsibility

**The information I have supplied in this program is true and accurate to the best of my knowledge. If accepted to the program, I agree and accept the following:**

- The total program cost of \$5300 includes all transportation, housing, some meals, tours, and short term travel insurance.
- The early application deadline is May 15, 2010. Early applicants will receive a \$100 discount off of the total program cost. I understand that in order to receive the discount, I must make all additional payments and submit all required paperwork in accordance with the deadlines set by the International Center.
- In order for my application to be considered, I understand that Mount Mary College's International Center requires this application, two letters of recommendation, and a deposit of \$100 made out to Mount Mary College.
- At least one of my two references must be from a Mount Mary College professor. If I have previously participated in a MMC Study Abroad program, that professor must be one of the group leaders from the study program I participated in.
- If accepted into the program, the \$100 will be applied towards the cost of my program.
- If not accepted, the \$100 will be refunded to me.
- If I am accepted into the program but decide not to participate at a later date, my initial deposit is non refundable.
- If, due to special emergency circumstances, I am unable to participate, I am eligible to receive a partial refund of payments I have made for the program minus any deposits that have been made on my behalf and minus the original \$100 deposit.
- Financial aid may be applied towards study abroad programs; I am responsible for working with the financial aid office to include this in my 2010-2011 financial aid application.
- In addition to the \$100 deposit, I will make the following payments:
  - \$1000 by September 17, 2010
  - Final payment (\$4200 or \$4100 due November 1, 2010)
- As a condition of acceptance, I agree to use my Mount Mary College email account, which I will check regularly for program information.
- I will follow the directions of the course instructor regarding all program related events including pre-departure orientation, site visits, program scheduling, meeting at airports and/or train stations, and all other matters regarding travel arrangements.
- I understand that if accepted to the program, I will be required to enroll in a two credit French course during the fall semester and attend mandatory general orientation sessions. Any student who does not attend mandatory orientation sessions may be dropped from the program without refund.

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

## RELEASE, WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT FOR MOUNT MARY COLLEGE STUDY ABROAD PROGRAMS

This Release, Waiver of Liability and Hold Harmless Agreement is executed by  
(*Print Name of Applicant*) \_\_\_\_\_ (“Participant”), and is issued to Mount  
Mary College, 2900 North Menomonee River Parkway, Milwaukee, Wisconsin.

### PROGRAM: MOUNT MARY COLLEGE FOREIGN TRAVEL

1. **Participant’s desire to participate in the Program.** Participant acknowledges that he/she is a **student** who wishes to participate in the **Paris Program**. The dates of the Program are **December 27, 2010 – January 25, 2011**. Participant expressly acknowledges that he/she has freely and voluntarily decided to participate in this Program.
2. **Risks of study abroad.** Participant acknowledges and understands that participation in the Program involves risks not found in domestic travel. These include risks involved in traveling to and within, and returning from, one or more foreign countries; foreign political, legal, social, and economic conditions; different standards of design, safety and maintenance of buildings, public places and conveyances; local medical and weather conditions; and other matters related to foreign travel. Participant acknowledges that he/she has made his/her own investigation and is willing to accept these risks.
3. **Institutional Arrangements.** Participant understands and acknowledges that neither the College, nor the Program’s Coordinator, represents, or acts, as an agent for, and cannot control the acts or omissions of, any host institution, host family, transportation carrier, hotel, tour organizer or other provider of goods or services involved in the Program. Participant understands and acknowledges that neither the College nor the Program’s Coordinator is responsible for matters that are beyond their control. Participant hereby releases the College and the Program’s Coordinator from any injury, loss, damage, accident, delay or expense arising out of any such matters.
4. **Independent Activity.** Participant understands and acknowledges that neither the College, nor the Program’s Coordinator, is responsible for any injury or loss that he/she may suffer when he/she travels independently or is otherwise separated or absent from any Program-related activity.
5. **Health and Safety.** Participant understands and acknowledges that:
  - a. He/She has consulted with a medical doctor with regard to any personal medical needs. Further, Participant represents that there are no health-related reasons or problems which preclude or restrict his/her participation in the Program.
  - b. He/She is aware of all applicable personal medical needs, and has arranged, through insurance or otherwise, to meet any and all needs for payment of medical costs while he/she participates in the Program.
  - c. He/She understands and acknowledges that the College may, but is not obligated to, take any actions it considers to be warranted under the circumstances regarding the Participant’s health and safety. Further, Participant agrees to pay all expenses relating thereto and release the College from any liability for any actions taken.
6. **Acceptable conduct by Participant.** Participant is aware of the behavior expected while participating in the Program. As a guest, there is certain behavior that is unacceptable and could lead to possible disruption or continuation of Participant’s participation in the Program. Participant assures the College that he/she shall act in an appropriate manner at all times. If the College, or the Program’s Coordinator, finds it necessary to expel Participant from participation in the Program, he/she will be responsible for his/her own expenses and will not receive any refund of Program fees.
7. **Legal Problems:** Participant acknowledges and understands that should he/she have or develop legal problems during the course of the Program, Participant will attend to the matter personally with participant’s own personal funds. Neither the College, nor the Program’s Coordinator, is responsible for providing any assistance to Participant under such circumstances.
8. **Travel and Accommodation Problems.** Participant acknowledges and agrees to accept all responsibility for loss or additional expenses due to delays or other changes related to transportation problems. Participant acknowledges and understands that neither the College, nor the Program’s Coordinator, assumes any liability whatsoever for any losses, damage, destruction or theft of Participant’s luggage or personal belongings, and Participant represents and warrants that he/she has obtained adequate insurance, or has sufficient funds to replace such belongings and will hold the College, and the Program’s Coordinator, harmless there from. Further, Participant acknowledges and understands that in the event Participant becomes detached from the Program group, fails to meet a departure time or become sick or injured, Participant will bear all responsibility to seek out, contact and reach the Program group at its next available destination. Participant shall bear all costs attendant to contact and reach the Program group at its next available destination.

9. **College's Rights and Powers.** The College reserves the right to cancel, without penalty, the offering and conduct of the Program. Further, the College reserves the right to withdraw any part of the Program, to make any alterations, deletions or modifications in the Program's itinerary, as deemed necessary by the College or by the Program's Coordinator.
10. **Waiver of College Liability and Indemnification of the College for Risks and Dangers.** As a condition precedent to Participant's participation in the Program, Participant agrees to exercise reasonable care at all times with respect to the safety of Participant's own person and personal property, and with respect to the safety of other Participants and their personal property. Participant understands, however, that there are certain dangers, hazards, and risks inherent in the activities included in the Program. Participant acknowledges that participation in the Program may involve the risk of damage to property, bodily injury, and, in some cases, even death. Neither the College, nor the Program's Coordinator, assumes any responsibility for such personal injuries or property damage. Participant further acknowledges that he/she is at least eighteen (18) years of age, and is competent to sign this document.

Accordingly, Participant, for him/herself and the Participant's spouse (if applicable), heirs, assigns, related individuals and related entities, does hereby waive, release, absolve, discharge and agree to hold harmless the College and its Board of Trustees, directors, officers, employees, teachers, agents and insurers, and the Program's Coordinator (collectively, the "Released Parties"), from and against any and all rights, claims, demands, causes of action, obligations, suits, liens, damages, or liabilities of any kind and character whatsoever, whether known or unknown, suspected or claimed, which the Participant shall, or may have, in the future against the Released Parties arising out of, based on, related to, or connected with, the Participant's enrollment and participation in the Program. Participant also agrees to indemnify and hold the Released Parties harmless from the payment of any and all judgments, settlements, costs, disbursements and attorneys' fees that are associated with the Released Parties having to defend or investigate any claim, action or proceeding of any type whatsoever arising out of the Participant's enrollment or participation in the Program, including, but not limited to, claims for breach of contract, negligence, strict liability, or otherwise. This indemnification obligation and Release, Waiver of Liability and Hold Harmless Agreement does not, however, absolve the Released Parties from any liabilities, damages, costs, disbursements and attorneys' fees incurred due to its intentional or reckless conduct.

Participant understands that if any fact with respect to which this Release, Waiver of Liability and Hold Harmless Agreement is executed is found hereafter to be other than or different from the fact in that connection now believed by Participant to be true, Participant expressly accepts and assumes the risk of such a possible difference in fact and agrees that this Release, Waiver of Liability and Hold Harmless Agreement shall be and remain effective notwithstanding such difference in facts.

11. **Governing Law: Forum.** Participant agrees that this Release, Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Wisconsin, which shall be the forum for any lawsuits filed under, or incident to, this Release, Waiver of Liability and Hold Harmless Agreement. The terms and provisions of this Release, Waiver of Liability and Hold Harmless Agreement shall be severable, such that if a court of competent jurisdiction holds any term to be illegal, unenforceable, or in conflict with any law governing this Release, Waiver of Liability and Hold Harmless Agreement, the validity of the remaining portions shall not be affected thereby.
12. **Other Provisions.**
- a. The Released Parties are granted permission to authorize emergency medical treatment, if necessary, and that such action by the Released Parties will cause them to assume no responsibility for any injury or damage which might arise out of, or in connection with, such emergency medical treatment.
  - b. It is the Participant's express intent that this Release, Waiver of Liability and Hold Harmless Agreement shall bind the members of the Participant's family and spouse (if applicable); and if the Participant is deceased, it shall be deemed as a release, waiver, discharge, and covenant not to sue the Released Parties by the Participant's family and spouse (if applicable), for any matter arising out of Participant's participation in the Program.
  - c. By signing this document, Participant acknowledges and represents that he/she is fully informed of the contents of this Release, Waiver of Liability and Hold Harmless Agreement. By reading it before signing it, and by signing this document as the Participant's own free act and deed, Participant confirms that no oral representations, statements or inducements, apart from those made herein, have been made.

**THIS RELEASE, WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT REQUIRES YOU TO GIVE UP SUBSTANTIAL LEGAL RIGHTS. PLEASE READ AND UNDERSTAND THIS DOCUMENT BEFORE YOU SIGN IT.**

Participant's signature \_\_\_\_\_ Date \_\_\_\_\_

## Mount Mary College AUTHORIZATION FOR MEDICAL OR SURGICAL TREATMENT

I, undersigned student, hereby certify that I am at least 18 years of age. Further, I hereby authorize and grant permission to Mount Mary College, its employees and/or agents to administer first aid to me and/or to obtain emergency medical treatment for me during my participation in the Study Abroad Program (the "Program"). In consideration of my being permitted to take part in the Program, I hereby release, indemnify and hold harmless Mount Mary College, its employees and/or agents for any injury, harm or damage arising out of or in connection with the provision of such first aid and/or medical treatment. Further, I agree to pay for all medical treatment provided to me during, or arising out of my participation in the Program.

Although the undersigned understands that when possible advance permission of the undersigned will be sought for any necessary surgical treatment, the undersigned agrees that any and all medical treatment and surgery may be performed when, in the opinion of medical authorities, the health or welfare of the student will be adversely affected by any delay. It is understood that such permission may be required by law of the host country in which the student is residing.

In the event that I receive emergency medical treatment during the Program, I hereby authorize the release of all medical information/records relation to such treatment to the director of the Program or to his/her designee ("Program personnel"). I also authorize the release of such medical information to my parent(s) and/or legal guardian. Additionally, while I am participating in the Program, I specifically authorize the following healthcare providers to release medical information/records relating to any health condition(s) which require special consideration and/or follow-up treatment while studying abroad to Program personnel. Further, I authorize the individuals named below to release any additional medical information/records to Program personnel, if such health care provider believes that the release of such information/records is in my best interest.

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Please provide contact information of your physician(s) and/or therapist(s) in the United States.

Name of Participant: \_\_\_\_\_

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

Name of Physican/Therapist: \_\_\_\_\_

Specialty (if applicable): \_\_\_\_\_

Phone Number of Physician/Therapist: \_\_\_\_\_

Address of Physician/Therapist: \_\_\_\_\_

\_\_\_\_\_

Name of Physician/Therapist: \_\_\_\_\_

Specialty (if applicable): \_\_\_\_\_

Phone Number of Physician/Therapist: \_\_\_\_\_

Address of Physician/Therapist: \_\_\_\_\_

\_\_\_\_\_