

8. Program Consent Form

First Name _____ Last Name _____

Email Address _____ Phone Number _____

Permanent Street Address _____

City _____ State _____ Zip Code _____

By signing this form I hereby confirm that (check all that apply):

- ☐ I have read Forms 1-7 thoroughly
- ☐ 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 my intent to enroll in the program. I understand that payment of my deposit will reserve my space in Star Service & Study Abroad's summer program in Ghana and my participation is not guaranteed until my tuition & fees payment has been received 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 and abide by all terms, conditions and rules outlined in forms 1-7.

Signature _____ Date _____