

UNIVERSITY OF MINNESOTA

DOCUMENT INFORMATION AND INSTRUCTIONS

Form Ref.: OGC-SC246

Description: Release and Waiver – Education Abroad Opportunities Offered by Colleges, Departments or Individual Faculty

This form is for education abroad opportunities offered through University colleges, departments, and/or individual faculty, including research, or directed or independent study. This form also is for education abroad programs offered outside the University of Minnesota. If you are participating in a program offered through a Learning Abroad Center/Study Abroad Office on one of the University campuses, please refer to OGC-SC245 Release and Waiver - Learning Abroad Center.

Complete the form by typing in the required information before downloading and printing the form.

Fill in:

Introductory Paragraph

(It is extremely important that the name of the program, term, and dates are accurate.)

- Official Program Name
- Campus (Twin Cities, Duluth, Crookston, Morris, Rochester)
- Term and Year (e.g., Winter Break 2006-2007 or Spring Semester 2007).

Signature Block

- **Program Participant**
Name of the student (print)
Date of birth of the student
University of Minnesota ID#, if applicable
Emergency phone number, including area code (ex. 612.666.5555)
Signature and date
- **Parents/Guardians (for students under age 18)**
Name of the parent/guardian (print)
Emergency phone number
Signature and date

Be sure to sign and date the form. Keep a copy of the signed form for your records.



UNIVERSITY OF MINNESOTA

RELEASE & WAIVER

Education Abroad Opportunities Offered by Colleges, Departments or Individual Faculty

I have been approved and wish to participate in the "Summer Program in Political Communication education abroad program offered or approved through the University of Minnesota's Institute for Global Studies, on the Twin Cities campus, during the summer of 2007.

I understand this education abroad opportunity is subject to the University of Minnesota Policy on Suspending Education Abroad Opportunities due to Health and Safety Risks and Procedure on Preparing for Education Abroad Opportunities. In consideration for the opportunity to participate in this program, I understand and agree that:

1. Academic and Financial Requirements.

1.1 I am responsible for all program requirements, including, but not limited to, classroom work, assignments, projects, field trips, work, internship and/or volunteer duties.

1.2 I am responsible for payment of all applicable program fees and/or tuition and understand that an official hold may be placed on my academic records until I make all required payments.

1.3 I am responsible for reading and complying with the information contained in the applicable Cancellation and Refund Policy for this program.

1.4 I understand that I will be provided with international health insurance coverage as part of the program fees/tuition which I pay for this activity, or I will be required to purchase international health insurance coverage from the education abroad office on my campus. This coverage includes major/medical health and/or repatriation/medivac insurance. I am responsible for any additional insurance that I may elect.

2. Health Factors.

2.1 I am responsible for submitting a complete and accurate medical history if required for this program.

2.2 I am responsible for requesting reasonable accommodations related to a disability in a reasonable time frame prior to departure. I understand that I must provide the University's Office for Disability Services with documentation of my disability to be considered for accommodations. I further understand that my requested accommodations may not be available at the overseas site but that every effort will be made to provide alternative accommodations whenever possible.

2.3 I understand that if I do not make my medical and psychological needs known in a timely manner, this may delay my participation in the education abroad program until reasonable accommodations can be determined.

3. Personal Behavior.

3.1 I am subject to the *University of Minnesota Student Conduct Code* while participating in this program, and all rules of conduct specifically established for this activity. I understand that if I violate the student conduct code or program rules of conduct, I may be expelled from the program, lose all academic credit for the program, and remain responsible for full payment of all fees.

3.2 I may not purchase, possess, and/or use any illegal or unauthorized drugs during the duration of the program, including free time. This ban covers drugs that are illegal in the United States and/or the country of participation. I understand that illegal drug purchase, possession, or use jeopardizes myself, other students in the program, and the program itself. I understand that violation of this rule of conduct may result in immediate expulsion from the program and loss of all academic credit for the program. I further understand that I would remain responsible for the full payment of all program fees.

3.3 I understand that neither the program nor the US Embassy can obtain release from jail if I am jailed for any reason.

4. Travel Risks and Waiver.

4.1 I am responsible for informing an official representative of the program or of the University of any plans to travel during free time before, during, and after the period of the program. I understand that neither the University, nor its staff, agents, or representative are responsible for any travel outside program requirements.

4.2 I understand that there are unavoidable risks in participating in education abroad opportunities. I acknowledge that I have been provided website information for US Consular Information, as well as the Centers for Disease Control information, on travel to, in, and around, my program site country; that I am aware of and understand the risks and dangers to my own health and personal safety posed by the use of public transportation to and from and in my site country, by domestic or international terrorism, and by civil unrest, political instability, crime, violence, disease and public health conditions in my site country. I hereby assume, knowingly and voluntarily, each of these risks and all of the other risks that could arise out of or occur during my travel to, from, in, or around my site country.

4.3 I understand that political, social, and/or public health circumstances can change quickly in a country and that it may be necessary for the University to suspend a education abroad program for health or safety reasons before the program term ends.

4.4 **Waiver.** I, individually, and on behalf of my heirs, successors, assigns, and personal representatives, release the University of Minnesota and the Regents of the University of Minnesota, its staff, agents, and representatives, from any and all liability whatsoever for damages, losses, or injuries (including death) that I may sustain to my person or property, arising out of, resulting from, or occurring during my participation in the education abroad experience or any travel incident thereto, except where such damage, loss or injury is the result of the intentional or reckless conduct of the University of Minnesota or the Regents of the University of

Minnesota, its staff, agents, or representatives. This release applies to any loss of property, injury, illness, or death due to theft or other crimes committed by persons other than the employee or agents of the University of Minnesota, political unrest, use of modes of transportation, and activities on the part of fellow participants, host family members, agencies, and organizations, persons, or groups with which the University of Minnesota contracts or which the University of Minnesota recommends for the provision of services for the program. This release further applies to any independent travel or optional activities or sojourns that I may undertake during my education abroad experience. This release does not apply to intentional, willful, or wanton acts of the University of Minnesota, the Regents of the University of Minnesota, or its staff or agents.

5. Medical Authorization.

5.1 I authorize the University or its agents to secure medical treatment on my behalf in the event of a health emergency, and I accept financial responsibility for such medical treatment.

5.2 I also authorize the University or its agents to release medical information obtained from me to a care provider in the event of a health emergency or as needed to provide reasonable accommodations.

I HAVE READ THIS RELEASE AND WAIVER AGREEMENT AND ACCEPT EACH OF THE ABOVE RESPONSIBILITIES AND VOLUNTARILY SIGN THE RELEASE AND AUTHORIZATION FOR MEDICAL TREATMENT.

<http://www1.umn.edu/regents/policies/academic/StudentConductCode.pdf>

<http://process.umn.edu/groups/ppd/documents/policy/edabroadpol.cfm>

Print Name:

Date of Birth (mm/dd/yyyy):

University of Minnesota ID, if applicable: _____

Emergency Phone Number: _____

Signature: _____ Date: _____

**FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, even if arising from the negligence of the Releasees, to the fullest extent permitted by law.

Print Parent/Guardian Name:

Emergency Phone Number: _____

Signature: _____ Date: _____