

STUDENT RELEASE & WAIVER

**Education Abroad Opportunities Offered by Colleges, Departments, or Individual Faculty**

***Please complete all the word-fillable fields on the first and last pages of this document before printing. After printing, please initial each page and sign and date the final page and submit the entire document to your education abroad office.***

Name:

Student Status (*check one*):

 [ ]  Graduate [ ]  Undergraduate [ ]  Professional

 [ ]  Other (*please provide details*)

Date of Birth (mm/dd/yyyy):

University of Minnesota ID:

Email Address:

Program Dates:

Location(s):

Emergency Contact Name:       Phone Number:

 I have been approved and wish to participate in the       education abroad opportunity offered or approved through the University of Minnesota’s      , on the       campus. I understand this education abroad opportunity is subject to the University of Minnesota Policy on *Student Travel and Education Abroad: Health and Safety*and Procedure on *Preparing for Travel and Education Abroad (Students).* In consideration for the opportunity to participate in this education abroad opportunity, I understand and agree that:

**1. Academic and Financial Requirements.**

 1.1 I am responsible for all requirements, including, but not limited to, any applicable classroom work, assignments, projects, fieldwork, internship, and/or volunteer duties for the education abroad opportunity.

 1.2 I am responsible for payment of all applicable fees related to the education abroad opportunity.

1.3       I understand that, in the event of an emergency that requires a shift to partially online learning or fully online learning, I remain responsible for all academic and financial requirements, as outlined above.

 1.4 I am responsible for obtaining, understanding, and following the applicable cancellation policies. I understand that if I desire to cancel my participation, I must notify my

College, Department, Faculty, and any external sponsors/providers in writing, and that I am responsible for all portions of the fees related to the education abroad opportunity as calculated from the date my notification is received by the applicable parties. I understand that any fees paid to airlines, travel agents, or other external organizations are my responsibility.

 1.5 I understand that I will be provided with or will purchase mandatory University-approved international travel, health, and security insurance for the duration of my education abroad opportunity. This coverage includes health insurance (including hospitalization, doctor’s visits, and prescriptions), medical evacuation and repatriation, and security evacuation. I understand that there are limits to this coverage and I agree to inform myself of what that coverage does and does not include. I am responsible for the cost of any additional insurance that I may elect to purchase as well as the cost of health care not covered by my insurance.

1.6 I have reviewed, understand, and agree to comply with the following policies, accessible via the following links:

* *Student Travel and Education Abroad- Health and Safety:* <https://policy.umn.edu/education/edabroad>
* *Preparing for Education Abroad (Students):*

<https://policy.umn.edu/education/edabroad-proc02>

* *University of Minnesota Code of Conduct for Faculty and Staff:* <https://regents.umn.edu/sites/regents.umn.edu/files/2020-01/policy_code_of_conduct.pdf>
* *University of Minnesota Student Code of Conduct:* <https://regents.umn.edu/sites/regents.umn.edu/files/2022-07/policy_student_conduct_code.pdf>
* *Policy on Student Conduct in Education Abroad Opportunities:* <https://umabroad.umn.edu/sites/umabroad.umn.edu/files/2021-03/student-rules-conduct-feb-2021.pdf>
* *Cancellation Policies (one or more may apply, depending on the campus from which the program originates):*
* *Twin Cities:*
* *Carlson Global Institute:*

<http://carlsonschool.umn.edu/faculty-research/carlson-global-institute/education-abroad/policies-forms>

* *Learning Abroad Center* <https://umabroad.umn.edu/students/policies/finances/cancellation>
* *Crookston:* (See the [Twin Cities Learning Abroad Center Cancellation Policy](https://umabroad.umn.edu/students/policies/finances/cancellation))
* *Duluth:* <http://www.d.umn.edu/study-abroad/resources/cancellation-refund-policy>
* *Morris:*<https://drive.google.com/file/d/1HLPBv6v8hf9BS-e6SOpaF9fYQjE-D3vL/view>

*\* Or, if this program is not billed through an Education Abroad Office, I am responsible for obtaining, understanding, and following the specific program’s cancellation policy.*

**2. Health Factors.**

 2.1 I am responsible for submitting a complete and accurate medical history if required for the education abroad opportunity. I further understand that I am responsible for obtaining any required immunizations before traveling to my location.

 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 Disability Resource Center 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 opportunity until reasonable accommodations can be determined.

 2.4 I have provided personal emergency contact(s) as part of my University registration for the education abroad opportunity. I understand that my emergency contact(s) will be contacted only in the event of an emergency while I am abroad. I understand that private or otherwise protected information may be shared with my emergency contact(s) to the extent necessary.

2.5 If in the course of the education abroad opportunity, the University of Minnesota or the education abroad opportunity sponsor should determine in its good faith judgment that the health, safety, or welfare of myself or others, or the integrity of the education abroad opportunity, is jeopardized by my continued participation, I agree 1) to withdraw or be subject to expulsion from the education abroad opportunity and return to the U.S. and 2) that, in such cases, I may lose all academic credit for the opportunity and remain responsible for the full payment of all fees.

**3. Personal Behavior.**

 3.1 I acknowledge and agree that I assume an important personal obligation to conduct myself in a manner compatible with local laws and regulations and am subject to the *University of Minnesota Student Conduct Code* and the *Policy on Student Conduct in Education Abroad Opportunities* as well as the policies of the host institution (if any), andall applicable rules of conduct applicable to this activity. I will act responsibly, become informed of, and abide by all such laws, regulations, policies, and standards. I understand that if I violate the student conductcode or rules of conduct, I may be expelled from the education abroad opportunity, lose all academic credit for theeducation abroad opportunity, and remain responsible for full payment of all fees. I further understand that if I should violate the laws and regulations of any country visited as part of the education abroad opportunity, the University may not be held liable for such conduct.

 3.2 I may not purchase, possess, and/or use any illegal or unauthorized drugs during the duration of the education abroad opportunity, 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 other students in the education abroad opportunity, the education abroad opportunity itself, and me. I understand that violation of this rule of conduct may result in immediate expulsion from the education abroad opportunity and loss of all academic credit for the opportunity. I further understand that I would remain responsible for the full payment of all fees.

 3.3 I understand that neither the University nor the U.S. Embassy can obtain my release from jail if I am jailed for any reason. I understand that if I should confront a legal problem while abroad, the University of Minnesota cannot and will not represent me or my legal interests in dealing with a foreign legal system, nor can the University assume any direct responsibility for the actions of a foreign government.

**4. Travel Risks and Waiver.**

 4.1 I am responsible for informing an official representative of the education abroad opportunity and of the University of my plans to travel during the education abroad opportunity dates. I agree to complete an independent travel form or provide this information in another manner as directed by the education abroad opportunity and I further understand and agree that such notification is not considered an endorsement or an approval. I agree not to travel for personal reasons to 1) countries or areas within countries that are currently designated by the U.S. State Department as Level 3 or 4 Travel Advisory locations or 2) countries that are currently not recognized by the U.S. government to which travel is prohibited (e.g., North Korea) within the program dates of this education abroad program. I understand that I am responsible for knowing and following all outbound and inbound travel restrictions imposed by my host country and my education abroad opportunity. I understand that neither the University nor its staff, agents, or representatives are responsible for any non-program sponsored travel.

 4.2 I understand that there are unavoidable risks in participating in education abroad opportunities. 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, 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. The site country and other countries I will travel to may have health and safety standards substantially below those enjoyed in the U.S., and I recognize that I may be subjected to potential risks, illnesses, injuries, and even death. I will take every precaution to safeguard my health and safety. 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 have read and understood the U.S. Department of State’s International Travel Information, the U.S. Centers for Disease Control and Prevention health advisory information, and any additional information from the World Health Organization on travel to, in, and around my education abroad opportunity site country.

4.4 I acknowledge that University-purpose travel to any country or location designated as Level 3 or 4 Travel Advisory by the U.S. State Department requires prior approval from the University’s International Travel Risk Assessment and Advisory Committee (ITRAAC). In the event that ITRAAC has granted permission for my travel, I understand and acknowledge that such permission is neither an endorsement nor an assurance of the advisability or safety of such travel. Additionally, I acknowledge that such permission is specific to the location and other conditions as may be imposed by ITRAAC. Accordingly, I have read and understood the U.S. Department of State Travel Advisory for my location(s).

 4.5 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 or other entities to suspend an education abroad opportunity for health, safety, or other reasons before the education abroad opportunity term either begins or ends.  If the University or my host institution suspends my education abroad opportunity and/or requires my return to the U.S., I understand that I cannot remain abroad as an enrolled University of Minnesota student and complete the education abroad opportunity or, if applicable, receive credit for the opportunity. While the University will make good faith efforts to mitigate expenses in such circumstances, I understand that I may remain responsible for certain expenses, including possible unexpected travel or housing expenses.

 4.6 I understand that the University of Minnesota does not represent or act as an agent for, and cannot control the acts or omissions of, any host family, employer, transportation carrier, hotel, tour organizer, or other provider of food, goods, or services involved in the education abroad opportunity.

4.7 **Waiver**. Knowing the risks above, I agree, individually, and on behalf of my heirs, successors, assigns, and personal representatives, to assume all risks and responsibilities surrounding my participation in the education abroad opportunity. To the maximum extent permitted by law, I release, hold harmless and agree to indemnify the University of Minnesota and the Regents of the University of Minnesota, its staff, agents, and representatives, from and against any and all liability whatsoever, present or future, for damages, losses, or injuries (including death) that I may suffer to my person or property, or for which I may be liable to another person, arising out of, resulting from, or occurring during my participation in the education abroad opportunity or any travel incident thereto, including but not limited to negligence on my part or on the part of any of the released parties, except to the extent such damage, loss, or injury is the result of the grossly negligent 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 education abroad opportunity. This release further applies to any independent travel, optional activities, or sojourns that I may undertake during my education abroad opportunity.

**5. Medical Authorization.**

 5.1 I authorize the University and its agents to arrange or facilitate the provision of medical treatment on my behalf in the event of a health emergency, as it may deem reasonably necessary and to the extent feasible, and I accept financial responsibility for such medical treatment.

 5.2 I also authorize the University and its agents to release medical information obtained from me to an official representative of the education abroad opportunity, external sponsors/providers (if any), the international insurance provider, or a care provider in the event of a health emergency or as needed to provide reasonable accommodations.

5.3 I further authorize the University’s insurance partners or duly authorized subcontractors to release to the University’s Director of International Health, Safety, and Compliance, or his/her designee, medical or health information of any nature whatsoever, including medical records or information for mental/nervous disorders, HIV/AIDS, or any other physical or psychological condition. I understand that I may revoke this authorization in writing with the University.

**6. Photographic Likeness Release**

6.1 For good and valuable consideration, I authorize the University of Minnesota on my campus and its agents to record and/or use appropriately obtained photographs or other portraits or likenesses of me while participating on this education abroad opportunity on videotape, audiotape, film, photographs, or any other medium and use, reproduce, modify, distribute, and publicly exhibit such recordings, in whole or in part, without restrictions or limitation for promotional purposes. I further consent to the use of my name, voice, and biographical material in connection with such recordings. In accordance with Federal Privacy regulations personal data will not be disclosed without my express written permission, except as otherwise provided herein.

 6.2 I release the University of Minnesota, its successors and assigns, agents, and all persons for whom it is acting from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the recording process, or any unintentional misspellings or inaccuracies and waive any right that I may have to inspect or approve the finished recordings.

 6.3 If due to private circumstances I cannot allow the use of my likeness, I can officially notify the University of Minnesota of such, in writing, and that request will override this release.

 I CERTIFY THAT I AM AGE 18 OR OLDER AND HAVE READ THIS RELEASE AND WAIVER AGREEMENT AND ACCEPT EACH OF THE ABOVE RESPONSIBILITIES AND VOLUNTARILY SIGN THE RELEASE AND AUTHORIZATION FOR MEDICAL TREATMENT.

I understand and agree that no oral or written representations can or will alter the contents of this document. I agree that this agreement shall be governed by the laws of the State of Minnesota (excluding its conflict of laws principles), which shall be the forum for any lawsuits filed under or incident to this agreement or the education abroad opportunity.

Signed By:

Name:

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 Releases, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releases from any and all liabilities incident to my minor child’s involvement or participation in the education abroad opportunity as provided above, even if arising from the negligence of the Releases, to the fullest extent permitted by law.

Signed By:

Name:

Phone Number:

Date: