

PARTICIPANT RELEASE & WAIVER

**Short-Term Outbound International Programs Offered to**

**Non-Student Participants by Colleges or Departments**

**(NOT INTENDED FOR USE BY *STUDENTS* ON EDUCATION ABROAD PROGRAMS)**

*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.*

*Please refer to the instructions from the University as to how to submit this document.*

Name:

Date of Birth (mm/dd/yyyy):

Email Address:

Emergency Contact Name:       Phone Number:

 I have been approved and wish to participate in the       program offered through the University of Minnesota’s       (the “University”), during the approximate dates of       through      . In consideration for the opportunity to participate in this program, I understand and agree that:

**1. Program and Financial Requirements.**

 1.1 I am responsible for all program requirements, including, but not limited to, scheduled meetings and events, 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.

 1.3 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 the University in writing, and I am responsible for all portions of the program or other fees as calculated from the date my notification is received. I understand that this may be the full program cost, although the University will make an effort to obtain a refund of any recoverable costs, when possible. I understand that any fees paid directly to airlines, travel agents, or other external organizations are my responsibility.

 1.4 I understand that I will be provided with mandatory University-approved international travel, health, and security insurance as part of the program fees/tuition that I pay to the University for the duration of the program. 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.

**2. Health Factors.**

 2.1 I will inform the University of any medical conditions (including allergies and required medications) I have. This will allow the staff to best be able to help me in the case of an emergency. I understand that I need to make my medical and psychological needs known in a timely manner to ensure I can participate in this program. I further understand I am responsible for obtaining any required immunizations before travel outside the U.S.

 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, the University may delay my participation in the program until reasonable accommodations can be determined.

 2.4 I have provided or will provide personal emergency contact(s) to the University. 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 program, the University or the program sponsor should determine in its good faith judgment that the health, safety, or welfare of myself or others, or the integrity of the program, is jeopardized by my continued participation, I agree to 1) withdraw or be subject to expulsion from the program and return to the U.S. and 2) that, in such cases, I may remain responsible for the full payment of all program fees.

**3. Personal Behavior.**

3.1 I have reviewed, understand, and agree to comply with the University’s policies, rules, and related requirements for my participation, including, but not limited to, the cancellation policy relating to the program. I acknowledge and agree that I assume an important personal obligation to conduct myself in a manner compatible with 1) local laws and regulations and 2) all rules of conduct that are 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 any of these policies, I may be expelled from the program 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 program, 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 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, others in the program, and the program itself. I understand that violation of this rule of conduct may result in immediate expulsion from 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 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 the University of my plans to travel while on free time during the period of the program and I understand and agree that such notification is not considered an endorsement or an approval. I will also follow the rules regarding travel established by the University. I understand that I am responsible for knowing and following all outbound and inbound travel restrictions imposed by my host country and my program. I understand that neither the University, nor its staff, agents, or representatives are responsible for any travel outside program requirements.

 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; domestic or international terrorism; 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 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 program site country.

 4.4 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 a program abroad for health, safety, or other reasons before the program term either begins or ends. If the University or my host institution suspends my program and/or requires my return to the U.S., I understand that I cannot remain abroad on University-purpose travel. While the University will make good faith efforts to mitigate expenses in such circumstances, I understand I may remain responsible for certain expenses, including possible unexpected travel or housing expenses.

 4.5 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.

 4.6 **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 program. 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 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 experience or any travel incident thereto, 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 program. This release further applies to any independent travel or optional activities or sojourns that I may undertake during my program.

**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 is 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 my program, insurance company, 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 and its agents to record and/or use appropriately obtained photographs or other portraits or likenesses of me while participating on this program abroad 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 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 program.

Signed By:

Name:

Date: