

**COMPANION AGREEMENT AND RELEASE**

**For Program Leader Companions on Education Abroad Office 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 your Education Abroad Office 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 to accompany  on program offered through the University of Minnesota’s Education Abroad Office, on the       campus, during the approximate dates of  through **.**

1. **Acknowledgements.**

1.1 I understand that 1) I must purchase mandatory international travel, health, and security insurance coverage through the University or its equivalent and 2) that the University shall not be responsible for any expenses resulting from my health care, accident coverage, or related costs during my travel and visit as a companion with the program. I understand that there are limits to this coverage and I agree to inform myself of what that coverage does and does not include

 1.2 I agree to assume full legal and financial responsibility for the costs associated with my stay abroad, including but not limited to all costs associated with illnesses or injuries sustained or experienced while abroad that are not covered by insurance. I understand that no University resources are to be used on my behalf, and I agree that I will not cause the University to incur any financial expense in connection with me.

 1.3 I understand and agree that any arrangements, including but not limited to the provision of travel, housing, or meals, that may be facilitated for companions who are accompanying University faculty or staff on travel for University purposes, but who are not themselves program participants, are a courtesy only and that the University, their onsite partner(s), and/or host university has no obligation to make such arrangements. I understand that, as a companion, I am allowed to attend appropriate events (special meals, trips, parties) sponsored by the University program at my own expense, and I am allowed to attend any similar events sponsored by the host university/onsite partner to which companions are specifically invited.

 1.4 I acknowledge that I have read and understand 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 concerning travel to, in, and around my program site country/countries.

1.5 I understand that there are some unavoidable risks in accompanying University faculty or staff on international activity opportunities. I am aware of and understand the risks and dangers to my own health and personal safety posed by the use of public or private transportation to, from, and in my site country/countries; 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 also understand that I am responsible for knowing and following all outbound and inbound travel restrictions imposed by my host country and the study abroad program. 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 the program country/countries.

 1.6 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.

 1.7 I understand that political, social, and/or public health circumstances in a country can change quickly and that it may be necessary for the University or other entities to cancel or suspend the education abroad program for health, safety, or other reasons at any time. If the University or the study abroad program suspends the education abroad program and/or requires my return to the U.S., I understand that I cannot remain abroad with the students. I understand I am responsible for expenses I incur as a result, including possible unexpected travel or housing expenses.

 1.8 I agree to be responsible for my behavior while accompanying the University faculty or staff on the program. I understand that I cannot represent the program, University of Minnesota, education abroad office, or any other department or office of the University in any official capacity. I will respect and abide by the laws and customs of the host country and any standards of conduct adopted by the University with regard to this program.

 1.9 I agree that, if my conduct is determined to be detrimental to the best interests of the program, I will 1) lose any privileges I may have been granted to participate as a guest at events sponsored by or associated with the program and 2) I will not be allowed to have further contact with the program participants or personnel of the host institution. The determination of inappropriate conduct is at the sole discretion of the University program administration and/or partner institution, with the concurrence of the appropriate University officials. Similarly, I agree to leave the host city if requested to do so by the University program administration and/or officials of the partner institution, and, in such a case, I will take responsibility for all costs and arrangements for such relocation and/or return to the U.S. I further understand that if the University determines that my conduct is detrimental to the best interests of the program or to the University, the University could choose, as a result, to terminate the program leader I am accompanying from the program.

 1.10 I understand that if I am bringing minor children, they must be adequately supervised at all times by a responsible adult other than the University faculty/staff leader. The presence of minor children or other family members should not disrupt or alter the program in any way. If I decide to have my dependents travel with me, I agree that the acknowledgement of risks, authorizations, and releases contained herein shall also apply to such individuals. I further understand that I must complete the Program Leader Companion Process, which can be found at <http://global.umn.edu/travel/companion> through my education abroad office, including ensuring that any dependents traveling with me be enrolled in CISI insurance or its equivalent at my or their own expense for the duration of the trip.

1. **Medical Authorization.**

 2.1 I authorize the University and 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.

 2.2 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.

 2.3 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.

3. **Photographic Likeness Release.**

 3.1 For good and valuable consideration, I authorize the University of Minnesota and its agents to record and/or use appropriately obtained photographs or other portraits or likeness of me on this international activity on videotape, audiotape, film, photographs, or any other medium and the use, reproduction, modification, distribution, and public exhibition of such recordings, in whole or in part, without restriction or limitation for promotional purposes. I further consent to the use of my name, voice, and biographical material in connection with such recordings.

 3.2 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.

 3.3 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.

4. **Release.** Knowing the risks above, I agree, individually and on behalf of my heirs, successors, assigns, and personal representatives, to assume all risks surrounding my accompaniment on 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 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 program or any travel incident thereto, including but not limited to negligence on my part or on the part of any 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 program. This release further applies to any independent travel, optional activities, or sojourns that I may undertake during my education abroad program.

 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 program.

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 these programs 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: