

**UNIVERSITY OF WISCONSIN SYSTEM
UNIFORM STATEMENT OF RESPONSIBILITY,
RELEASE, AND AUTHORIZATION
TO PARTICIPATE IN
STUDY ABROAD AND EXCHANGE PROGRAMS**

I hereby indicate my desire to participate in a _____ study abroad program sponsored by the University of Wisconsin- Superior during the period from _____ to _____ . My participation in this program is completely voluntary.

If and/or when I am offered and accept a place in the University's program, I:

- 1) assume full legal and financial responsibility for my participation in the program.
- 2) will be responsible for full program costs (whether already paid or not) as stated in the withdrawal and refund schedule if I withdraw (or am required to withdraw) from the program for any reason once the program has commenced, unless otherwise stated in the program refund policy.
- 3) grant the University, its employees, agents and representatives the authority to act in any attempt to safeguard and preserve my health or safety during my participation in the program including authorizing medical treatment on my behalf and at my expense and returning me to the United States at my own expense for medical treatment or in case of an emergency.
- 4) realize that accident and health insurance, as well as insurance for medical evacuation and repatriation, that are applicable outside of the United States are required for my participation in the program and that I am responsible for obtaining appropriate insurance coverage for the duration of the program. I understand that the University encourages me to have appropriate insurance coverage for the entire time I am abroad.
- 5) agree to conform to all applicable policies, rules, regulations and standards of conduct as established by the University, any sponsoring institution and/or foreign affiliates, as well as program requirements, to insure the best interest, harmony, comfort and welfare of the program.
- 6) accept termination of my participation in the program by the University with no refund of fees and accept responsibility for transportation costs home if I fail to maintain acceptable standards of conduct as established by the University, the sponsoring institution and/or foreign affiliates.
- 7) understand that the University reserves the right to make changes to the program at any time and for any reason, with or without notice, and that the University shall not be liable for any loss whatsoever to program participants as a result of such changes.
- 8) agree voluntarily and without reservation to indemnify and hold harmless the University, Board of Regents of the University of Wisconsin System (*Board of Regents*) and their respective officers, employees, and agents from any and all liability, loss, damages, costs, or expenses (including attorney's fees) which do not arise out of the negligent acts or omission of an officer, employee, and agent of the University and/or Board of Regents while acting within the scope of their employment or agency, as a result of my participation in the program, including any travel incident thereto.
- 9) acknowledge that I have read this entire document and understand its terms.

If my parents or guardians have not signed this form, I affirm that I am not a minor.

_____	_____	_____	_____	_____	_____
Participant's Signature	Date	Parent/Guardian Signature	Date	Parent/Guardian Signature	Date

University of Wisconsin Superior Uniform Statement of Responsibility

In addition, I:

- 10) Understand this is a faculty-led study abroad experience and that I must participate in all pre- and post-travel orientations and academic sessions, attend all scheduled events, complete all course requirements and meet the faculty leader's expectations as a participant.
- 11) Agree to maintain a high standard of conduct throughout the program abroad, including, but not limited to, obeying all local laws and ordinances, behaving ethically and professionally in my relationship with others and in my approach to coursework, showing up on time for all scheduled events, and complying with the UW Superior student discipline code. Failure to adhere to these standards may result in immediate dismissal per the "University of Wisconsin System Uniform Statement of Responsibility."
- 12) Understand it is my responsibility to obtain and pay for a passport, obtain and pay for a visa if needed, to pay for and obtain all immunizations recommended by the Center for Disease Control, pay for the Cultural Insurance Services International (CISI) insurance coverage which is mandatory for students enrolled in a study abroad or international exchange program sponsored by a UW System institution, pay all student costs identified for this program, including instrument rental if necessary, and all costs incidental to my study abroad experience.
- 13) Understand that I am traveling to a foreign country and will be expected to adapt to a different culture and way of doing things and I realize I should not expect things to be exactly as I imagine them to be. I understand that I am participating in this program at my own risk, that I am sending myself there, and that I will consult with the faculty leader if any problems arise during my stay.
- 14) Understand that I am responsible for all of my actions while abroad. I am responsible for knowing about and obeying the laws of the country, knowing about any travel warnings, natural disasters, political unrest, and adapting to cultural differences.
- 15) Have consulted with a medical doctor with regard to my personal medical needs and about the location where the Program is to be offered. There are no health-related reasons or problem that preclude or restrict my participation in this Program. I am aware of all applicable personal medical needs. I have arranged, through insurance or otherwise, to meet any and all needs for payment of medical costs while I participate in the Program. I recognize that the University is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility therefore. If I require medical treatment or hospital care, in a foreign country or in the United States during the Program, the University is not responsible for the cost or quality of such treatment or care. I understand that the insurance available to me through the UW System policy offers only basic coverage for emergency medical care abroad and repatriation/evacuation during my program **and that the University encourages me to maintain my personal domestic health plan, as well, while abroad.**
- 16) Affirm that there are no mental health-related reasons or problems that preclude my participation in this Program.
- 17) (this paragraph applies only if you have consulted with a mental health professional in the past.) have consulted with a psychiatrist, medical provider and/or mental health professional with regard to my mental health needs. I affirm that I am stable on my current medications and that my doctor is willing to prescribe enough medication to last for the duration of my planned program abroad. I agree to take all prescribed medications exactly as prescribed by my doctor and that I will carry both the original prescription with me and a note from my doctor explaining the situations in which I can self-regulate dosages. I have arranged, through insurance or otherwise, to meet any and all need for payment of health care, if needed, while I participate in the Program. I recognize that neither the University nor my hosts abroad are obligated to attend to any of my mental health needs, and I assume all risk and responsibility therefore. If I require

treatment or hospital care, in a foreign country or in the United States, during the Program, the University is not responsible for the cost or quality of such treatment or care. I understand that the insurance available to me through the UW System policy may not cover **all** expenses for mental health care. I understand that I will be withdrawn from the program abroad and required to return home, at my own expense, if I do not take my medication as prescribed or if my mental health negatively affects my own stability, other students, my hosts, or, the ability of the faculty leader to teach courses and attend to the group. I understand and agree that the University faculty leader will become involved if I exhibit symptoms of mental health problems.

- 18) Understand that UW Superior staff may contact my emergency contact/s in the event of an emergency abroad, in the event that I require hospitalization or medical/mental health care, to inform them of itinerary/accommodation changes, or in the event that staff determine that I am making decisions or behaving in a way that may jeopardize my own safety or mental health or the safety of others. In the event that I require medical or mental health care and cannot make decisions on my own, staff will make every effort to contact my emergency contact/s. If this is not possible, I authorize representative of the University of Wisconsin Superior to make decisions about my medical or mental health on my behalf. I agree to assume all financial responsibility for such care to the extent that it is not covered by health insurance.

Knowing the risks described above, and in consideration of being permitted to participate in the Program, I agree, on behalf of my family, heirs, and personal representatives(s), to assume all the risks and responsibilities surrounding my participation in the Program. To the maximum extent permitted by law, I release and indemnify the Board of Regents of the University of Wisconsin System, and its officers, employees and agents, from and against any present or future claim, loss or liability for injury to person or property which I may suffer, or for which I may be liable to any other person, which do not arise out of the negligent acts or omission of an officer, employee, and agent of the University and/or Board of Regents while acting within the scope of their employment or agency, during my participation in the Program (including periods in transit to or from any country where the Program is being conducted.) I have carefully read this Release Form before signing below. No representations, statements, or inducements, oral or written, apart from the foregoing written statement, have been made. This agreement shall be governed by the laws of the State of Wisconsin, which shall be the forum for any lawsuits filed under or incident to this agreement or to the Program.

If my parents or guardians have not signed this form, I affirm that I am not a minor.

_____	_____	_____	_____	_____	_____
Participant's Signature	Date	Parent/Guardian Signature	Date	Parent/Guardian Signature	Date

Medical/Personal Information

All information collected on this form will be shared with your faculty leader(s) and the Dean of Students.

Section I: required; write 'n/a' in blanks where appropriate

Participant Name (Please Print) _____ Date of Birth _____

Name of your family doctor _____ Phone #: _____

Name of your insurance company _____

Name of policy holder _____ Policy # _____

Section II: Emergency Contact required;

Primary Contact:

Name: _____ Email Address: _____

Address: _____ Home Phone: _____

City: _____ Business Phone: _____

State: _____ Zip Code: _____ Cell Phone: _____

Secondary Contact:

Name: _____ Email Address: _____

Address: _____ Home Phone: _____

City: _____ Business Phone: _____

State: _____ Zip Code: _____ Cell Phone: _____

Section III: optional; write 'n/a' in blanks where appropriate

Please describe any physical handicaps or disabilities:

Please describe medical conditions, if any, that should be brought to the attention of the lead faculty member or a physician, i.e. asthma or diabetes.

Section IV: optional;

Are you a vegetarian? ____ yes ____ no

Do you have food allergies? ____ yes ____ no

Note: Organizers of the _____ will work to provide a vegetarian option whenever possible. Organizers cannot make requests for vegetarian option on group flights (but you can request this when you check in at the airport) and may not be able to request vegetarian dishes for other meals during the program (e.g. visits where a meal might be provided by a corporation.) Airlines often allow travelers to request special meals for medical reasons such as food allergies.

The undersigned does hereby agree to hold harmless and indemnify the University, Board of Regents of the University of Wisconsin System and their respective officers, employees, and agents from any and all liability, loss, damages, costs, or expenses (including attorney's fees) which do not arise out of the negligent acts or omission of an officer, employee, and agent of the University and/or Board of Regents while acting within the scope of their employment or agency, as a result of my participation in the program.

If my parents or guardians have not signed this form, I affirm that I am not a minor.

_____	_____	_____	_____	_____	_____
Participant's Signature	Date	Parent/Guardian Signature	Date	Parent/Guardian Signature	Date