## Release and Waiver of Liability and Assumption of Risk UAFS ACE Program

I am aware of the unforeseen conditions which might require changes in the program schedule or might cause inconvenience or even harm to me as it might to other participants who participate in this program. These conditions can include but not limited to, the hazards of various modes of transportation, forces of natures, acts or omissions of governments, terrorism, war and insurrection and illness.

In consideration of permission granted by the UAFS to participate in the above program, I hereby assume the risk of inconvenience and harm and release the State of Arkansas, the University of Arkansas Board of Trustees and the University of Arkansas- Fort Smith, as well as the agents, employees, and members of the aforementioned from all actions, causes of actions, damages, claims or demands which I, my heirs, executors, administrators or assigns may have against any and all of the aforementioned for any and all personal injuries or death known and unknown which I have or may incur by participation in the above stated program and for all damages to my property.

By registering to participate in this program, I certify that I am physically, mentally, and emotionally capable of full participation. I realize that I am responsible for any injuries to persons or property that may be incurred as a result of my participation in this program.

I understand UAFS has the authority to establish rules of conduct necessary for the operation of the program during the entire period of the program, including free time.

I understand that the use of illegal drugs during the period of the program is strictly prohibited. Should any official representative of UAFS decide that a participant must be separated from the program because of a violation of stated rules, for disruptive behavior, or for any conduct that might bring the program to disrepute or its participants into legal jeopardy, that decision will be final pending due process as described by the UAFS Student Handbook.

I understand that separation from the program will result in the loss of all academic credit. Persons dismissed from the program will remain responsible for all program costs incurred on their behalf.

The undersigned acknowledges and understand that in the event he/she becomes detached from the group, fails to meet a departure bus, train, or plane, or becomes sick or injured, the undersigned will bear all financial responsibility to seek our contact, and reach the group at its next available destination; and, the undersigned understands that he/she shall bear all costs attendant to contacting and reaching the program site.

I expressly agree that the foregoing <u>Release and Waiver of Liability and Assumption of Risk</u> is intended to be as broad and inclusive as is permitted by Arkansas law and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I understand that the UAFS requires that I demonstrate that I have adequate medical insurance for illness or accidental injury valid during my stay at UAFS.

I, the undersigned, am at least 18 years of age. I have read this <u>Release and Waiver of Liability and Assumption of Risk</u> as well as the terms and conditions of application and participation as set forth in the UAFS Student Handbook, UAFS ACE Program syllabus and understand all of its terms and recognize and accept any risk associated with the program and its conditions, including the refund policy as set forth in the UAFS ACE Application.

IN WITNESS WHEREOF I have executed this Agreement on the day and year first written below.

## **Participant Contract for ACE International Program**

Participant's name	Date (MM/DD/YYYY)	Student ID Number
	student, I will be viewed as a representative of rest of participation and conduct.	my country and my university. I agree to
program before its co	derstand that they are responsible for any and all completion, including withdrawing caused by illn in academic penalty (initial)	
this agreement, stude	programs involve a full schedule requiring stude ents attest to the fact that they are in good physic g in a new environment (initial)	cal/mental health and capable of adapting to
violation of the laws	on, or commerce in illegal drugs of any form is i of USA. Program participants found with any i program and are subject to the laws of the United (initial)	illegal substances will be immediately
	ge of 21 are not allowed to consume any alcohol responsibility and limit their use of alcoholic be	
7. <u>6.</u> Students agree to ma (initial)	ke an effort to adapt to the American culture and	d customs as much as possible
fill out the travel aut whereabouts, and giv their personal safety	horization form and notify the UAFS program cover the names of persons with whom they are travand conduct when engaging in non-UAFS organs acting in its behalf from any liability.	oordinator(s) and instructor(s) of their veling. Students assume responsibility for
-	independently during free time while participating	ng in a UAFS ACE program are required to
to insurance regulation	that the program itinerary/schedule is subject to ons, only those students officially enrolled in the or cultural excursions(initial)	
	a students agree to show courtesy and respect to ents. Students will not disrupt others who are sh_(initial)	
	ible for arriving on time for classes, required me e set forth by the UAFS program coordinator, st	
Any members of an	gram participants must conduct themselves in a reaction program whose behavior is deemed detriming the subject to dismissal. Disruptive conduct of the condu	nental to the functioning of the program or
2 1 A11 IIAEC ACE	wam nartiainanta must ann duat thamsalves in a	monner that charge respect and consideration

## MEDICAL SELF-ASSESSMENT

## **Confidentiality Statement:**

All information provided will be held in confidence and will not be released to any individual who is not associated with the Office of International Relations.

This medical self-assessment and any agent acting on its b	<u>-</u>	andatory that par	rticipants sign in order to release UAFS
1. General State of Health:	Excellent Good	Fair Poor	
2. Do you have any specific pl so, please describe these:	nysical and/or mental condition	n or general health	concerns that might limit your activity? If
3. Do you require any regulate	ed medications? If so, please e	xplain. Do you hav	e a sufficient supply for the entire trip?
4. Have you been in good heal	th during the past 12 months	,	
5. In case of an emergency, we program coordinator(s) should	1 0	ou. Are there any ot	ther precautions or requirements that the
6. Person to contact in the even	nt of a medical emergency?		
Name	(Relationshi	o)	
Home Phone # of Contact			
Cell Phone # of Contact			
Email address of Contact			
	entially serious medical (phys	ical and/or mental)	ts behalf from liability. Any failure by the condition to the Office of International versity of Arkansas System.
Participant's name	Date (MM/DD/YY	YY)	Student ID Number