

**RELEASE FORM**

UAFS Office of International Relations

Release executed by:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

In consideration of being permitted to participate under UAFS auspices in a program sponsored by UAFS in \_\_\_\_\_ (fill in country or city), I, the undersigned, in full recognition of the risks and hazards inherent in living, studying, and traveling to a foreign country or other US city to which I may be exposed during my participation in the program or any independent research or activities undertaken as an adjunct thereto, and further, I do for myself, my heirs, and personal representative(s) hereby defend, hold harmless, indemnify, and release, and forever discharge all of its officers, agents and employees from and against any and all claims, demands, and actions or causes of action, on account of damage to personal property or personal injury or death which may result from my participation and which result from causes beyond the control of and without the fault or negligence of the UAFS, its officers, agents or employees, during the period of my participation as aforesaid. In witness whereof, I have caused this release to be executed this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Printed name*

\_\_\_\_\_  
*Co-signature of parent or guardian if student is under eighteen years of age*

\_\_\_\_\_  
*Printed name of parent or guardian*

UAFS Office of International Relations reserves the right to cancel, postpone, or change aspects of any or all programs abroad for reasons deemed necessary by said office (including price) should significant changes in the world situation occur.

## Release and Waiver of Liability and Assumption of Risk Study Abroad Program

**UAFS Study Abroad Program:** \_\_\_\_\_ **Program Dates** \_\_\_\_\_

I am aware of the unstable world conditions which might require changes in the program schedule or might cause inconvenience or even harm to me as it might to other travelers who go abroad or travel, including 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 UAFS, 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.

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. The use of illegal drugs during the entire 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. **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 understands 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 Release and Waiver of Liability and Assumption of Risk 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 outside the U.S. in consideration of UAFS approval of my travel.**

I, the undersigned, am at least 18 years of age. I have read this Release and Waiver of Liability and Assumption of Risk as well as the terms and conditions of application and participation as set forth in the UAFS Student Handbook, UAFS Study Abroad Program brochure 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 Study Abroad Application.

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

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Participant's Signature

Date

Student ID Number

## Participant Contract UAFS Study Abroad Program

1. All UAFS Study Abroad program participants must conduct themselves in a manner that shows respect and consideration for their host country. Any member of a Study Abroad program whose behavior is deemed detrimental to the functioning of the program or offensive to the host culture will be subject to dismissal. Disruptive conduct or inappropriate sexual behavior similarly merits dismissal. \_\_\_\_\_ **(initial)**
2. Students in this program must maintain the same standard of student code of conduct and academic work as would be required on the UAFS campus. Students are responsible for arriving on time for classes, required meeting, cultural excursions, and for following the program schedule set forth by the UAFS program coordinator or accompanying instructor. \_\_\_\_\_ (initial)
3. UAFS Study Abroad program students agree to show courtesy and respect to their fellow group members, their instructors, and host institution. Students will not disrupt others who are sharing housing accommodations during the program. \_\_\_\_\_ (initial)
4. Students understand that the program itinerary/schedule is subject to change at the final decision of a program coordinator, a faculty leader, UAFS or its partner host institution due to the unforeseen circumstances. UAFS shall have no liability for any refund or other damages in such circumstances. \_\_\_\_\_ (initial)
5. Due to insurance regulations, only those students officially enrolled in the UAFS Study Abroad program may participate in organized site visits or cultural excursions. \_\_\_\_\_ **(initial)**
6. Students who travel independently during free time while participating in a UAFS-sponsored program are required to notify the UAFS program coordinator(s) and/or instructor(s) of their whereabouts, and give the names of persons with whom they are traveling. Students assume responsibility for their personal safety and conduct when engaging in non-UAFS organized travel and/or activities, and release UAFS and any agent acting in its behalf from any liability.  
\_\_\_\_\_ **(initial)**
7. Your program coordinator or a faculty leader will try to accommodate special requirements (such as vegetarian meals) however; the ability to meet such requirements or provide special services as at home may not be possible. Students agree to make an effort to adapt to the host culture and customs as much as possible. \_\_\_\_\_ **(initial)**
8. In other countries, the sale of wines, liquor, and other alcoholic beverages may not be restricted. Students are expected to exercise personal responsibility and limit their use of alcoholic beverages. \_\_\_\_\_ **(initial)**
9. The use of, possession, or commerce in illegal drugs of any form is in violation of the rules of the program and a violation of the laws of the host country. Program participants found with any illegal substances will be immediately dismissed from the program and are subject to the laws of the

host country, host institution, the United States Federal Laws, the State of Arkansas and UAFS. \_\_\_\_\_ **(initial)**

10. UAFS Office of International Relations reserves the right to cancel, postpone, or change aspects of any or all programs abroad for reasons deemed necessary by said office (including price) should significant changes in the world situation occur. \_\_\_\_\_ **(initial)**
11. UAFS Study Abroad programs involve a full schedule requiring students to maintain an active pace. By signing this agreement, students attest to the fact that they are in good physical/mental health and capable of adapting to the rigors of traveling in a foreign environment. \_\_\_\_\_ **(initial)**
12. Students understand that they are responsible for any and all costs arising out of withdrawing from the program before its completion, including withdrawing caused by illness or disciplinary action. Early withdraw or dismissal may result in academic penalty. \_\_\_\_\_ **(initial)**

***I understand that as a UAFS student, I will be viewed as a representative of my country and my university. I agree to abide by the above stated rules of participation and conduct.***

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Printed Name

Program Abroad Location

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Student Signature

Date

Student ID Number

## 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 is optional; however, it is mandatory that participants sign in order to release UAFS and any agent acting on its behalf from liability.**

1. General State of Health: \_\_\_\_ Excellent \_\_\_\_ Good \_\_\_\_ Fair \_\_\_\_ Poor

2. Do you have any specific physical and/or mental condition or general health concerns that might limit your activity? If so, please describe these:

3. Do you require any regulated medications? If so, please explain. Do you have a sufficient supply for the entire trip?

4. Have you been in good health during the past 12 months?

5. In case of an emergency, we need to know how to help you. Are there any other precautions or requirements that the program coordinator(s) should know about?

6. Person to contact in the event of a medical emergency?

Name \_\_\_\_\_ (Relationship) \_\_\_\_\_

Address of Contact  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone of Contact \_\_\_\_\_

Work Phone of Contact \_\_\_\_\_

By signing this document, participants release UAFS and any agent acting on its behalf from liability. Any failure by the participant to disclose any potentially serious medical (physical and/or mental) condition to the Office of International Relations hereby releases the UAFS and any agents acting on behalf of the University of Arkansas System.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Program \_\_\_\_\_ Dates of Program \_\_\_\_\_