



## UNIVERSITY OF MINNESOTA

### **STUDENT ACKNOWLEDGEMENT, RELEASE & WAIVER** **Undergraduate Program**

*Please complete all the blank fields on all pages of this document before printing.  
After printing, please initial each page, sign and date the final page.  
Please refer to the instructions from International Student and Scholar Services (ISSS) as to how  
to submit this document.*

Student Name:

Date of Birth (mm/dd/yyyy):

Email Address:

Emergency Contact Name:

Emergency Contact Phone Number:

I have been approved and wish to participate in the exchange program offered through the University of Minnesota (the "University"). In consideration for the opportunity to participate in this program, I understand and agree that:

#### **1. Academic and Financial Requirements.**

1.1 I am responsible for all program requirements, including, but not limited to, classroom work, assignments, projects, field trips, work, internship and/or volunteer duties. I understand that I cannot drop any portion of the program without written permission from ISSS.

1.2 I am responsible for payment of all applicable supplemental fees and/or University student account charges not covered by the program.

1.3 I understand that I will be provided with the University's mandatory health insurance as part of the program fees/tuition, which I pay for this activity, I understand that I must also carry this health insurance for any dependent(s). This mandatory insurance exceeds the minimum coverage required by the United States Department of State. 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.

1.4 I understand that I must follow U.S. visa regulations, including keeping all my immigration documents safe.

1.5 When in the U.S. on an F Visa sponsored by the University of Minnesota, I agree to report any change of address or name change to International Student and Scholar Services within ten (10) days.

## 2. Health Factors.

2.1 I will inform ISSS 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 to the U.S.

2.2 I am responsible for requesting reasonable accommodations related to a disability in a reasonable time frame prior to departure from my home country. I understand that I must inform the University's ISSS office of my disability to be considered for accommodations and that any notification after my arrival may cause University to be unable to accommodate my request. I further understand that my requested accommodations may not be available, but that reasonable efforts 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, this may delay or preclude my participation in parts of the program or the program altogether.

2.4 I have provided 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 in the U.S. 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 ISSS 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 withdraw or be subject to expulsion from the program and returned to my home country and in such cases may lose all academic credit for the program and remain responsible for the full payment of all program and return travel fees.

## 3. Personal Behavior.

3.1 I acknowledge and agree that I assume an important personal obligation to conduct myself in a manner compatible with local laws and regulations and that I am subject to the *Regents of the University of Minnesota Student Conduct Code* during my participation in this program, and all rules of conduct applicable to this program. Disruptive behavior (defined as verbal or physical activity that may include, but is not limited to, behavior that requires excessive attention from staff, or ignores or disobeys the rules, which guide behavior during program time) will be a violation of the program rules. I will act responsibly and become informed of any, will abide by, all such laws, regulations, policies and standards. I understand that if I violate the student conduct code or program rules, I may be expelled from the program, lose all academic credit for 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 under all applicable laws during the duration of the program, including free time. This ban covers drugs that

are illegal in the U.S. and/or my home country. I understand that illegal drug purchase, possession, or use jeopardizes me, other students in the program, and the program itself. I understand that violation of this rule of conduct may result in immediate expulsion from the program and loss of all academic credit for the program. I further understand that I would remain responsible for the full payment of all program fees.

3.3 I understand that neither University nor my 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 in the U.S., the University cannot and will not represent me or my legal interests in dealing with the U.S. legal system, nor can the University assume any direct responsibility for the actions of the U.S. government.

#### 4. Travel Risks and Waiver.

4.1 I am responsible for informing an official representative of the program and of University of my plans to travel while on free time during the period of the program, and I further understand and agree that such notification is not considered an endorsement or an approval. I will also follow the rules regarding travel established by my program sponsor or sending institution. I understand that neither University, nor its staff, agents, or representative are responsible for any travel outside program requirements.

4.2 I understand that there are unavoidable risks in participating in this program. 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 and from and in the U.S., by domestic or international terrorism, and by civil unrest, political instability, crime, violence, disease and public health conditions in the U.S. 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 the U.S.

4.3 I understand that political, social, and/or public health circumstances can change quickly in a country and that it may be necessary for University or other entities to suspend a program for health, safety or other reasons before the program term either begins or ends. While University will make good faith efforts to mitigate expenses in such circumstances, I understand I may remain responsible for certain expenses.

4.4 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 program.

4.5 **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 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, the homestay

weekend, or any travel incident thereto, including but not limited to negligence on my part or on the part of any of 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 or optional activities or sojourns that I may undertake during my program.

## **5. Medical Authorization.**

5.1 I authorize 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 feasible, and I accept financial responsibility for such medical treatment.

5.2 I also authorize University and its agents to release medical information obtained from me to my program sponsor, 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 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. Privacy Release**

6.1 I understand that University may be required by law to report to U.S. Citizen and Immigration Services information regarding my presence in the U. S. and my student status at University.

6.2 I further understand University will provide academic and personal information to my sponsoring agency, program provider and any other U.S. government agencies that may be designated to request information about me.

6.3 I give permission for my name and email address to be shared with other program participants, host families, and other individuals officially connected to the program.

## **7. Photographic Likeness Release**

7.1 For good and valuable consideration, I authorize 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.

7.2 I release University, 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.

7.3 If due to private circumstances I cannot allow the use of my likeness, I can officially notify 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 education abroad opportunity.**

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 the release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees 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 Releasees, to the fullest extent permitted by law.

Signed By: \_\_\_\_\_

Name:

Phone Number:

Date: \_\_\_\_\_

Relationship: