

**EDUCATION ABROAD PROGRAM  
ASSUMPTION OF RISK AND RELEASE FORM**

Name of Education Abroad Participant: \_\_\_\_\_

Student Number: \_\_\_\_\_

Education Abroad Program Name/Location: \_\_\_\_\_

Education Abroad Program Dates: \_\_\_\_\_

**In consideration of the opportunity to participate in an Education Abroad program, I hereby agree as follows:**

- I. **Risks of Education Abroad.** I acknowledge that participation in the University's Education Abroad program specified above ("the Program") involves risks not found in study at the university. These risks include but are not limited to those involved in traveling to and within, and returning from, one or more foreign countries; foreign political, legal, social, and economic conditions; different standards related to transportation and the movement of people, safety and maintenance of buildings, roadways, public places and conveyances; local medical and weather conditions; use of language other than English; and other matters described on a separate U.S. State Department Travel Advisory and/ or a Program Risk form, which I have received, reviewed, and initialed, and which is incorporated by reference in this release form. By my signature herein and by my participation, I attest that I have made my own investigation into the program and am willing to accept these risks. **INITIAL:** \_\_\_\_\_
- II. **Institutional Arrangements.** I understand that the University does not represent or act as an agent for and cannot control the acts or omissions of, any host institution, host family, transportation carrier, hotel, tour organizer, independent contractor or other provider of goods or services involved in the Program. I understand that the University is not responsible for matters that are beyond its control. I hereby release the University, its officers, employees, and agents from any liability resulting or arising from any injury, including injury of a fatal nature, loss, damage, accident, delay, or expense associated with any such matters. **INITIAL:** \_\_\_\_\_
- III. **Independent Activity.** I understand that the University is not responsible for any injury, including fatal injury or any loss I may suffer when I am traveling independently or an otherwise separated or absent from any University- supervised activities. **INITIAL:** \_\_\_\_\_
- IV. **Health and Safety.**
  - A. I acknowledge that I have been advised to consult with a medical doctor with regard to my personal medical needs and about the location(s) where the Program is to be offered. I hereby confirm that there are no health- related reasons or problems that preclude or restrict my participation in this Program. **INITIAL:** \_\_\_\_\_
  - B. 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. **INITIAL:** \_\_\_\_\_

- C. I understand that as a participant in the Program that I am automatically enrolled in the UT System Student International Travel Accident and Sickness Policy if I register my trip with International SOS. **INITIAL:** \_\_\_\_\_
- D. I understand that I am required to register my trip information through My Trips on the International SOS webpage prior to travel, which subsequently serves to automatically enroll me in the UT System Insurance mentioned above. **INITIAL:** \_\_\_\_\_
- E. The University may (but is not obligated to) take any action it considers to be warranted under circumstances regarding my health and safety including sending me home from the location of the Program. Should this occur, I agree to pay all expenses relating thereto and release the University from any liability for an actions in this regard. **INITIAL:** \_\_\_\_\_
- V. **Program Changes.** The University has the right at any time to make cancelations, substitutions or changes in case of emergency, circumstances of unrest, war or conflict or acts of terrorism or changed conditions or in the interest of the Program. I understand that the University's fees and program charges are based on current fares, lodging rates, meals and service cost, and travel costs, which are subject to change. If I leave or am expelled from the Program for any reason, there will be no refund of fees already paid. I accept all responsibility for loss or additional expenses due to delays or other changes in the means of transportation, other services, weather, strikes, or other unforeseen causes. If I become detached from the Program group, fail to meet a departure bus, airplane, or train, or become sick or injured, I will, at my own expense, seek out, contact, and reach the Program group at its next available destination. **INITIAL:** \_\_\_\_\_

**I, the above named student, am 18 years of age or older and have voluntarily applied to participate in the above Program. I acknowledge that the nature of the Program may expose me to hazards or risks that may result in my illness, personal injury, or death and I understand and appreciate the nature of such hazards and risks.**

**In consideration of my participation in the Program, I hereby accept all risk to my health and of my injury or death that may result from such participation.**

**I hereby release the University of Texas Health Science Center at San Antonio, its governing board (The University of Texas System Board of Regents), officers, employees and representatives, in their individual and official capacities, from any liability to me, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to my property and for any and all illness or injury to my person, including my death, that may result from or occur during my participation in the Program, WHETHER CAUSED BY NEGLIGENCE OF THE INSTITUTION, ITS GOVERNING BOARD, OFFICERS, EMPLOYEES, OR REPRESENTATIVES, OR OTHERWISE.**

**I further agree to indemnify and hold harmless the above-named institution and its governing board (The University of Texas System Board of Regents), officers, employees, and representatives, in their individual and official capacities, from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in the described Program.**

**I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY INJURY OR DEATH OR DAMAGE TO MY PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED PROGRAM AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY NEGLIGENCE OR INTENTIONAL ACT OR OMISSION.**

VI. This agreement shall be governed by the laws of the State of Texas, which shall be the exclusive forum for any lawsuits filed under or incident to this agreement or to the Program.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Witness: \_\_\_\_\_