

Program Name/Country/ies to be travelled to:

CONDITIONS OF AGREEMENT: International Travel Liability Release Form For UMass Boston Students, including Minors

nester; Spring	Semester; Other (list spe	cific dates)
r) that are supporte he Office of Globa ipants under 18 ye	ed and/or approved by the Univ l Programs no less than 21 day ears of age (hereafter, referre	dy Abroad or International Programs (hereinafter "Programs" versity of Massachusetts Boston. Upon completion, the form is before departure. All participants must sign this ed to as 'minor'), one or both parent/s or guardian/s form.
ULTY/STAFF IN	FORMATION	
	Department:	
	Phone number:	
nout the document	the term "University of Massac	chusetts" includes the "University of Massachusetts Boston"
ICIPANT TRAVI	ELER INFORMATION	
Last	First	Middle
Student I	D#	<u> </u>
	Alternate Phone: (wo	rk, home)
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	ly for all University that are supported the Office of Global ipants under 18 years of collectively as 'parted the Office of Global ipants under 18 years of Collectively as 'parted the CIPANT TRAVE Last Last Student II on:	lly for all University of Massachusetts Boston Stur) that are supported and/or approved by the University of Global Programs no less than 21 days ipants under 18 years of age (hereafter, referred collectively as 'parent/s') must also sign this for ULTY/STAFF INFORMATION Department: Phone number: nout the document the term "University of Massaction

HOST COUNTRY/INSTITUTION REGULATIONS

Participant (and parent/s of a minor participant agree to abide by all rules, laws and regulations of the destination country/ies, and to abide by all rules and regulations as set forth by the Program and/or the host institution(s). Participant (and parent/s of a minor participant) understand that should participant violate the laws and regulations of any country/institution visited as part of this Program, the University of Massachusetts may not be held liable for such conduct and reserves the right for the administrative official (or his or her designee) responsible for the Program to terminate my participation in the Program and to return of the participant to the United States at any time without remission of any unused portion of fees paid for the program. Furthermore, participant (and parent/s of a minor participant) understands that the Student Code of Conduct established by the University of Massachusetts Boston applies to all students on and off-campus, including during domestic and international travel. Reports of violations of the Code while studying abroad could result in conduct of proceedings by the Office of the Dean of Students upon participant's return to campus.

EXPULSION POLICY

Participant (and parent/s of a minor participant) agrees that his/her participation in the Program may be terminated if the participant engages in actions endangering the participant or others, jeopardizes the success of the Program, or does not abide by the rules set

forth by either the Program, the education abroad institution, the Student Code of Conduct established by the University of Massachusetts Boston, or the laws of the host country/ies. Participant (and parent/s of a minor participant) further agrees that if he/she is expelled from the Program, participant (and parent/s of a minor participant) will be responsible for all expenses associated with early withdrawal from the Program and incurred during return to point of origin. In the event of such expulsion, participant (and parent/s of a minor participant) further agrees that no refund of the Program fee, if applicable, will be given.

PROGRAM PARTICIPATION

Participant agrees to participate fully in all components/activities of the Program (educational, cultural, and social), as described and set forth in the Program information and by the host institution(s). Participant (and parent/s of a minor participant) understands that he/she must fully participate in all Program coursework, and that any deviation from the normal course schedule and/or Program design must be approved in advance in writing by the administrative official (or his or her designee) responsible for the Program.

INTERNATIONAL TRAVEL INSURANCE

Participant (and parent/s of a minor participant) understands that the University of Massachusetts Boston provides an international travel insurance to faculty and students who are traveling overseas under the conditions of "university approved" international program. This insurance can be used when participant encounters a medical emergency situation during overseas travel as supported/approved by the University of Massachusetts Boston. Participant (and parent/s of a minor participant) understands that he/she must also carry an ACE Travel Assistance Program Card (ACE American Insurance Company) at all times during travel.

The University's international travel coverage is intended to provide a first-line of service and protection to University travelers. Prior to travel, international travelers should still contact their personal health insurance provider to receive proper information of any additional coverage they may have currently available, or may want to add while traveling abroad. Any additional coverage purchased would be at the traveler's own expense.

HEALTH STATEMENT

Participant (and parent/s of a minor participant) states that he/she does not have any medical condition(s) that would endanger participant's life, health, or well-being while traveling or living abroad, or that would impede participant's ability to fully engage in all aspects of the Program. The participant will follow his/her doctor's advice on any prescription or over-the-counter medication ., and will follow the recommendations of the Centers for Disease Control (http://www.cdc.gov/travel/), provided that they do not conflict with their doctor's advice, to help ensure participant's health throughout the duration of the Program. Participant (and parent/s of a minor participant) agrees that he/she will take any medications, as prescribed, that are necessary to remain healthy, including medications required to manage any mental illnesses or other chronic medical conditions.

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT OR SURGERY

Participant (and parent/s of a minor participant) understands that while he/she is enrolled in a University of Massachusetts Boston study abroad or international program, occasions may arise when sickness or an accident may require either routine or emergency medical or surgical treatment(s). Participant (and parent/s of a minor participant) hereby grants permission to emergency medical care personnel to provide appropriate treatment or intervention such as anesthesia, blood transfusion, and surgery, during the period of the Program, as recommended by medical personnel. Participant (and parent/s of a minor participant) authorizes the release of his/her medical records to attending physician(s). Participant (and parent/s of a minor participant) further understands that a physician or a medical or surgical treatment facility often will require that an adult person be in a position to give an authorization to render medical or surgical service/treatment, and to provide reliable assurance that payment for such services will be made. Accordingly, to help ensure that the participant is not precluded from receiving needed treatment; the participant (and parent/s of a minor participant) authorizes the University of Massachusetts Boston and its agents and employees to obtain needed medical and surgical services/treatments. Participant (and parent/s of a minor participant) agrees to pay such fees and charges as may result from the provision of such medical and surgical services and to reimburse the University of Massachusetts, its agents and employees, for any fees or other expenses it or they might reasonably incur should it or they be required to pay any such fees or charges or other costs incidental to the providing of such services. Also, participant (and parent/s of a minor participant) desires to assure the University of Massachusetts Boston that he/she (and parent/s of a minor participant) will pay all charges for such services that may be arranged for by the University, if my medical insurance does not fully cover all such charges. Participant (and parent/s of a minor participant) also understands that normally the University will notify participant's emergency contact in advance of any unusual medical or surgical procedure that may be required, but agrees that no such advance notice is expected unless it may be practically and conveniently given.

EMERGENCY CONTACT PERSON					
Name:					
Street:					
City: State: Zip:					
Phone: Home: () Work: () Cell: ()		
Email:	•		•		

Street:						
City: State: Zip:						
Phone: Home () Work: () Cell: ()			
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	MATION RELEASE: In the event should suffer any physical injur					
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In the event of an emergency during the time that I am a participant in the Program, participant (and parent/s of a minor participant) give permission to representatives of the University of Massachusetts and this Program to provide the following information to the news media: to confirm or deny my status as a student of the University of Massachusetts; to confirm or deny my status as a participant in the above specified study abroad or international Program; and to confirm or deny information concerning my whereabouts, health and safety.

PERMISSION TO SHARE INFORMATION, IN AN EMERGENCY SITUATION ONLY:

In an any emergency situation, participant (and parent/s of a minor participant) provides the administrative official (or his or her designee) responsible for the Program of the University of Massachusetts Boston and, if appropriate, the host institution study abroad office with permission to communicate with each other and with his/her parents, guardians, other emergency contact person, and appropriate University of Massachusetts Boston authorities regarding all issues surrounding his/her education-abroad experience. This may include, but is not limited to, student account information, student conduct issues, health and safety, or academics; such contact may occur before, during or after the abroad travel supported/approved by the Program.

REQUIRED PRE-DEPARTURE ORIENTATION

Participant (and parent/s of a minor participant) understands that he/she will not be eligible to travel until he/she completes all required pre-departure orientation provided by the Office of Global Programs, with an official certification form signed by either the Director of International Education and Scholarly Programs or the Coordinator of Study Abroad and International Exchange Programs in the Office of Global Programs. To register for the required pre-departure orientation, participant must contact the office by either email or phone (617-287-5586) at least one month in advance. At the end of the pre-departure orientation, participant will receive an international travel insurance provided by UMass Boston.

RELEASE

The University of Massachusetts recognizes the participant's study abroad or international Program as a proper educational academic and experiential activity for those students desiring to participate. This Program will require travel to locations off the campus of the University of Massachusetts Boston with the usual potential for risk of personal injury or damage to property associated with such travel.

Participant (and parent/s of a minor participant) acknowledges that this Program will require travel to locations off the campus of the University of Massachusetts Boston, and that participant (and parent/s of a minor participant) has been made aware of the risks of international travel including, but not limited to crime, terrorism, war, serious bodily injury or death, property damage and other risks that may not be foreseeable. Participant (and parent/s of a minor participant) further understands, voluntarily accepts, and assumes any and all risks associated with these activities including transportation delays, fare changes, dishonors of hotel, airline. or vehicle rental reservations, missed carrier connections, accidents, sickness, disease, violence, injuries (including death), losses, damages, weather, strikes, acts of nature, and other circumstances beyond the control of the University.

Participant (and parent/s of a minor participant) understands that if he/she should confront a legal problem, the University of Massachusetts Boston cannot officially represent the participant's legal interests in dealing with a foreign legal system; nor can the University of Massachusetts Boston assume any direct responsibility for the actions of a foreign government.

As part of the consideration for participating in this Program and related travel, participant (and parent/s of a minor participant) are fully aware of the US State Department Travel Warning and Travel Alerts, as well as the Centers for Disease Control Travel Health Notices pertinent to the country or region to which participant is traveling. Participant (and parent/s of a minor participant) have

carefully considered described warnings and acknowledge that at any time warnings may become an urgent matter. Participant (and parent/s of a minor participant) acknowledges that he/she is not required to participate in this activity and elects to do so knowingly and voluntarily with full knowledge of all potential risks/dangers. The University of Massachusetts Boston reserves the right to cancel any Program that subjects students, faculty or others to any unsafe and/or dangerous situation.

Participant (and parent/s of a minor participant) acknowledges that he/she is voluntarily participating in this University of Massachusetts Boston study abroad or international Program despite the above risks. Participant (and parent/s of a minor participant) agrees to accept, assume, and take upon self, all risk and responsibility in any way associated with this travel and related activities. Participant (and parent/s of a minor participant) understands that the University of Massachusetts Boston is not responsible for his/her safety. In consideration of the services, assistance, and facilities provided by the University of Massachusetts Boston for these activities and travel, and by participant's (and parent/s of a minor participant) signature below, he/she (and parent/s of a minor participant) agree to release, discharge, indemnify, defend, and forever save free and harmless the University of Massachusetts Boston (and its Trustees, officers, employees, and agents) from any and all liability, claims, damages or actions (including reasonable attorney's fees and costs) that may arise from and/or related to my injury, illness or harm to participant, from my death or from damage to my property or any other claims, actions, and disputes whatsoever, which arise from and/or relate to participant's travel and associated activities. Participant (and parent/s of a minor participant) understands that this RELEASE covers liability, claims, actions, and damages caused entirely, or in part, by any acts or failures to act by the University of Massachusetts Boston (or its Trustees, officers employees, or agents), including but not limited to, negligence, mistake, or failure to supervise and train, or any other conduct by the University of Massachusetts Boston.

Participant (and parent/s of a minor participant) recognizes that this Release means that participant (and parent/s of a minor participant) and anyone else on their behalf are giving up, among other things, rights to sue the University of Massachusetts Boston, its Trustees, officers, employees, and agents for any illness, injuries, death, damages, or losses participant (and parent/s of a minor participant) may incur as a result of participant's participation in this travel and associated activities.

<u>Participant and parent/s of a minor participant agree:</u> I have carefully read, understand, and voluntarily sign this Document, and acknowledge that it shall be effective and binding upon me (participant and parent/s of a minor participant), my minor children, and other family members, along with my heirs, executors, representatives, and estate. *One or both parent/s must sign below for any participating minor (those under 18 years of age)*.

Print Name	Participant Signature	Date
Print Name (if applicant is under 18)	Parent/Guardian Signature	Date