



ASSUMPTION OF RISK AND RELEASE FORM

*THIS IS A RELEASE OF LEGAL RIGHTS –
READ AND UNDERSTAND BEFORE SIGNING.*

Name of Applicant: _____

Date of Birth: _____

Program: _____

I hereby agree as follows:

1. **Risks of Study Abroad and Domestic Travel** I understand that participation in the Miami University travel and Study Abroad Program specified above (the “Program”) involves risks not found in study at the University. These include, but are not limited to, risks involved in traveling to and within, and returning from, one or more foreign countries; foreign political, legal, social, and economic conditions; different standards of design, safety and maintenance of buildings, public places and conveyances; local medical and weather conditions. I have made my own investigation and am willing to accept these risks.

2. **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 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 from injury, loss, damage, accident, delay or expense arising out of any such matters.

3. **Independent Activity** I understand that the University is not responsible for any injury or loss I may suffer when I am traveling independently or am otherwise separated or absent from any University-supervised activities. I acknowledge and understand that my participation in the Program is entirely voluntary.

4. Health and Safety

- A. I understand that local, foreign travel and living overseas can provide special challenges and stresses. Medical care, including mental health care, emergency medical care and medicine may not be as available and/or of a quality comparable to that available in the United States. Students with previous or current medical and/or mental health conditions are strongly encouraged to consult with trained medical and/or mental health professionals and to prepare strategies that may be used abroad should they experience problems. I acknowledge that I have been strongly encouraged to assess my ability to participate in the program and have done so.
- B. I am aware of all applicable personal medical needs. I have arranged, through insurance or otherwise, to meet any and all needs of payment for medical costs while I participate in the Program. 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.
- C. The University may (but is not obligated to) take any actions it considers to be warranted under the circumstances regarding my health and safety. I agree to pay all expenses relating thereto and release the University from any liability for any of its actions or inactions.

5. Standards of Conduct

- A. I understand that each foreign country has its own laws and standards of acceptable conduct, including dress, manners, morals, politics, drug use and behavior. I recognize that behavior which violates those laws or standards could harm the University’s relations with those countries and the institutions therein, as well as my own health and safety. I will become informed of, and will abide by, all such laws and standards for each country to or through which I will travel during the Program.
- B. I will also comply with the University’s rules, standards and instructions for student behavior. I waive and release all claims against the University that arise at a time when I am not under the direct supervision of the University or that are caused by my failure to remain under such supervision or to comply with such rules, standards, and instructions.
- C. I agree that the University has the right to enforce the standards of conduct described above, in its sole judgment, and that it will impose sanctions, up to and including expulsion from the Program, for violating

- A. these standards or for any behavior detrimental to or incompatible with the interest, harmony, and welfare of the University, the Program, or other participants. I recognize that due to the circumstances of foreign study programs, procedure for notice, hearing and appeal applicable to student disciplinary proceedings at the University do not apply. If I am expelled, I consent to being sent home at my own expense with no refund of fees.
- D. I am solely responsible for any legal problems I encounter with any foreign nationals or government of the host country. The University is not responsible for providing any assistance under such circumstances.

6. **Program Changes.** The University has the right to make cancellations, substitutions or changes in case of emergency or changed conditions or in the interest of the Program. I understand that the University's fees and program charges are based on current airfares, lodging rates 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, or sickness, 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.

7. **Assumption of Risk and Release of Claims.** Knowing the risks described above, and in consideration of being permitted to participate in the Program, I agree, on behalf of myself, my family, heirs, and personal representative(s), to assume all the risks and responsibilities surrounding my participation in the Program. To the maximum extent permitted by law, I release and indemnify Miami University, and its officers, employees and agents, from and against any present or future claim, loss or liability for injury to person or property which I may suffer, or for which I may be liable to any other person, during my participation in the Program (including periods in transit to or from any country where the Program is being conducted).

I have carefully read this Release Form before signing it. No representations, statements, or inducements, oral or written, apart from the foregoing statement, have been made. This agreement shall become effective only upon receipt of my application by Miami University and shall be governed by the laws of the state of Ohio, which shall be the forum for any lawsuits filed under or incident to this agreement or to the Program.

x _____
Signature of Applicant

Date

A Copy of this form is to accompany the director during the travel

The original of this form is to be placed on file with the Lifelong Learning

EMERGENCY CONTACT INFORMATION

Name of Participant: _____

Program: _____

If Study Abroad, HTH Identification Number (found on card provided after enrollment): _____

In the event of a health or safety emergency please contact:

Name: _____

Relationship: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

Other Phone: _____

Email (optional): _____

Other contact information (optional):

If Study Abroad,

1. Attach a copy of Passport
2. Attach a copy of Photo ID(s)
3. Attach a copy of HTH card

The original of this form and attachments should accompany the director during travel.

A copy of this form is to be placed on file with the Office of Lifelong Learning and Miami University Police. Spreadsheet of compiled information is preferred by the Office of Lifelong Learning and MU Police.



AUTHORIZATION FOR MEDICAL PROCEDURES AND RELEASE OF MEDICAL INFORMATION

I hereby grant permission to any licensed physician or dentist to perform emergency treatment on the undersigned student while he or she is participating in the Miami University Travel Program in _____ (Name of Country/ies) from _____ through _____.

Because of the nature of the program, I further acknowledge and agree that Miami University officials responsible for the program have a need to know and a right to know about medical procedures and the prognosis of any medical condition that may affect my continuing participation in the program.

As such, I hereby authorize medical personnel to release medical information relevant to my continuing participation in the _____ (Name of Course or Program) in _____ (Country/ies) to the aforementioned medical personnel on a need to know basis.

This information is required to coordinate treatment in the event of a medical emergency. Answer "N/A" if not applicable. If you have dietary restrictions or limitations, it is recommended you discuss them with your program director.

ALLERGIES: Medication Food/environment N/A
If so, please list type of allergy, reaction and treatment if exposed. _____

MEDICATIONS: Please list name of medicine, frequency and reason why each is taken. N/A

HEALTH CONDITIONS: Please indicate any condition that may need special considerations before or during your experience or may affect participation in the program. You are also advised to consult with your health care provider.

Please check any that apply and provide any additional information:
 Diabetes _____
 Surgeries or hospitalizations _____
 Chronic conditions _____
 Physical illness or significant injuries _____
 Psychological, mental or emotional illness _____
 Other _____

DISABILITIES: Are you registered with the Disabilities Resource Center? Yes No
If yes, please discuss your plans to study abroad with the disabilities specialist so you might increase your options abroad.

Do you have a disability that will require accommodation while abroad? Yes No
If yes, you must register with the Disabilities Resource Center and meet with their staff.

This must be done in a reasonable timeframe so as to allow for complete evaluation of the requested accommodation and adequate time to implement the accommodation, if any. If you do not disclose your disability or request accommodations in a timely manner, Miami University may not be able to assess and accommodate your needs.

Date Student's Signature Print Name

- The original will accompany the director during the study abroad program to be used as consent for medical care as needed.
- A copy of this form is required on file at the International Education, Lifelong Learning or Luxembourg office.