

University of North Alabama
Office of International Affairs
UNA Box 5058
Florence, AL 35632-0001
256-765-4626

FOR OFFICE USE ONLY

Date Rec'd: _____
By: _____

STUDY ABROAD INSURANCE VERIFICATION AND MEDICAL EVALUATION FORM

Health and Safety

- A. I have consulted with a medical provider with regard to my personal medical needs. There are no health-related reasons or problems which preclude or restrict my participation in the Program.
- B. I have or will secure health insurance to provide adequate coverage for any injuries or illnesses that I may sustain or experience while participating in the Program. I have or will secure emergency evacuation coverage, accidental death/dismemberment and repatriation coverage while participating in the program. By my signature below I certify that I have confirmed that my health care coverage and other insurance will adequately cover me while outside the United States. I hereby release the University, and its trustees, officers, employees or agents of any and all of them, from any responsibility or liability for expenses incurred by me for injuries or illnesses (including death) occurring during and/or arising from the program, that I may incur because of those injuries or illnesses.
- C. The University may, but is not obligated to take any actions regarding my health and safety that it considers to be warranted under the circumstances. I agree to pay all expenses relating thereto and release the University from any liability for any such actions.

Insurance Company: _____ Policy Number: _____

This student has submitted an immunization form to UNA Health Services at Bennett Infirmary and received a consultation for the recommended preventative medications and inoculations needed for his or her particular study abroad location. PLEASE BRING YOUR IMMUNIZATION FORM to the UNA Infirmary or you can take this medical evaluation form to your medical provider.

Signature of Physician or registered Nurse Practitioner

Date _____

STUDENT SIGNATURE: _____ Date _____

STATE OF ALABAMA

_____ COUNTY

I, the undersigned authority, a Notary Public in and for said county in said state, hereby certify that _____, whose name is signed to the foregoing instrument and who is known to me, acknowledged before me on this day, that, being informed of the contents of the said instrument, he/she, executed the same voluntarily on the same bears date.

GIVEN under my hand and seal, this _____ day of _____ 20_____.

Notary Public

My commission expires: _____

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**PERMISSION STATEMENT IF APPLICANT IS UNDER THE AGE OF 19
WAIVER AND RELEASE FOR STUDY ABROAD ACTIVITIES**

PLEASE TYPE OR PRINT THIS FORM

I, _____;
Print Full Name

- (A) am the parent or legal guardian of the Applicant;
- (B) have read the foregoing Waiver and Release Agreement (including such parts as may subject me to personal financial responsibility);
- (C) am and will be legally responsible for the obligations and acts of the Applicant as described in this Release; and
- (D) agree, for myself and for the Applicant, to be bound by its terms.

Signature: _____
Signature of Parent or Guardian

STATE OF ALABAMA

_____ COUNTY

I, the undersigned authority, a Notary Public in and for said county in said state, hereby certify that _____, whose name is signed to the foregoing instrument and who is known to me, acknowledged before me on this day, that, being informed of the contents of the said instrument, he/she, executed the same voluntarily on the same bears date.

GIVEN under my hand and seal, this _____ day of _____, 20_____.

Notary Public

My Commission Expires: _____

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By: _____

THIS IS A WAIVER & RELEASE. READ ALL INFORMATION BEFORE SIGNING.

PERMISSION STATEMENT

PLEASE TYPE OR PRINT THIS FORM.

I, _____ (“Applicant”), am a student at the University of North Alabama (the “University”) and have agreed to participate in the University’s Study Abroad Program (the “Program”) in _____ from _____, 20____ until _____, 20____. In consideration for being permitted to participate in the Program, I hereby agree and represent that:

1. Risks of Study Abroad

A. I understand that participation in the Program is voluntary and involves risks not found in study at the University. These include 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 and other matters.

B. Knowing these risks, and in consideration of being permitted to participate in the Program, I agree, on behalf of my family, heirs and personal representative(s), to assume all the risks and responsibilities surrounding my participation in the Program. I understand that, although the University has made every reasonable effort to assure my safety while participating in the Program, there are unavoidable risks in travel overseas, and to the maximum extent permitted by law, I hereby release and promise not to sue the University and its trustees, officers, employees or agents of any and all of them for any damages or injury (including death) caused by, deriving from, or associated with my participation in the Program.

2. Institutional Arrangements

A. 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 any injury, loss, damage, accident, delay or expense arising out of such matters.

B. I understand that, although the University will attempt to maintain the Program as described in its publications and brochures, it reserves the right to change the Program, including the itinerary, travel arrangements and accommodations, at any time and for any reason, with or without notice, and that neither the University, nor its trustees, officers, employees or agents of any or all of them, shall be responsible or liable for any expenses or losses that I may sustain because of these changes.

C. I understand that the University is not in any way responsible for my well being with respect to any travel to destinations beyond those specifically required under the Program that I may choose to undertake before, during, or after the Program.

WAIVER and RELEASE AGREEMENT (continued)

3. 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 that 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 also will 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 and conduct described herein, in its sole judgment, and that it may impose restrictions, up to and including removal and termination from the Program, for violating 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 agree that, due to the circumstances of foreign study programs, procedures for notice, hearing and appeal applicable to student disciplinary proceeding at the University do not apply. If I am terminated from the Program, I consent to going home at my own expense with no refund of any program fees.

D. I will attend to 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.

4. Miscellaneous Legal Provisions

A. I agree that, should any provision of aspect of this Release be found to be unenforceable, that all remaining provisions of the Release will remain in full force and effect.

B. I represent that my agreement to the provisions herein is wholly voluntary, and further under stand that, prior to signing this Release, I have the right to consult with the adviser, counselor, or attorney of my choice.

C. This Release represents my complete understanding with the University concerning their responsibility and liability for my participation in the Program. It supersedes any previous or contemporaneous understanding I may have had with the University on this subject, whether written or oral, and cannot be changed or amended in any way without my written concurrence.

D. I represent that I am at least nineteen years of age or, if not, that I have secured the signature of my parent or guardian as well as my own.

I HAVE READ THIS RELEASE FORM CAREFULLY BEFORE SIGNING IT.

Signature: _____

STATE OF ALABAMA
_____ COUNTY

I, the undersigned authority, a Notary Public in and for said county in said state, hereby certify that _____, whose name is signed to the foregoing instrument and who is known to me, acknowledged before me on this day, that, being informed of the contents of the said instrument, he/she, executed the same voluntarily on the same bears date.

GIVEN under my hand and seal, this _____ day of _____, 20_____.

Notary Public

My Commission Expires: _____