



# Waiver of Liability and Hold Harmless Agreement

DIVISION OF INTERNATIONAL PROGRAMS

Office of International Education

Phone: (956) 326. 2565 Fax: (956) 326. 2779

E-mail: [studyabroad@tamiu.edu](mailto:studyabroad@tamiu.edu)

URL: [www.tamiu.edu/dip/oie](http://www.tamiu.edu/dip/oie)

1. I \_\_\_\_\_, a Texas A&M International University student have the opportunity to participate in the \_\_\_\_\_ program, a study abroad program to take place beginning \_\_\_\_\_ through \_\_\_\_\_.

2. As a student of Texas A&M International University, I understand that I am subject to all rules governing the student code of conduct as defined in the Student Handbook. Furthermore, I understand that I will be subject to disciplinary action in accordance with these rules.

3. In consideration with receiving permission to participate in this study abroad program (herein referred to as ACTIVITY), which is sponsored by Texas A&M International University (herein referred to as SPONSOR), a component member of the Texas A&M University System, I hereby **RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE, AND AGREE TO HOLD HARMLESS** for any and all purposes SPONSOR, The Texas A&M University System, the Board of Regents for the Texas A&M University System, and their officers, servants, agents, volunteers, or employees (herein referred to as RELEASEES) **FROM ANY AND ALL LIABILITIES, CLAIMS, DEMANDS, OR INJURY, INCLUDING DEATH**, that may be sustained by me while participating in such activity, or while on the premises owned or leased by RELEASEES. I acknowledge there may be physically strenuous activities. I know of no medical reason why I should not participate.

4. I am fully aware that there are inherent risks involved with ACTIVITY, including but not limited to risks involved in traveling to and within, and returning from, one or more foreign countries; I understand that such travel may be by plane, train, hired bus, or other mode of transportation that may or not be owned or under the control of Texas A&M International University. As a participant in ACTIVITY, I voluntarily choose to travel by these conveyances. Other risks associated with ACTIVITY include but are not limited to those risks associated with foreign political, legal, social and economic conditions, different standards of design, safety and maintenance of buildings, public places and conveyances; and risks associated with local medical and weather conditions. I have made my own investigation of these risks, and I choose to voluntarily participate in said activity with full knowledge that said ACTIVITY may be hazardous to me and my property. **I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH**, that may be sustained by me as a result of participating in said activity. I further agree to indemnify and hold harmless the RELEASEES for any loss, liability, damage or costs, including court costs and attorney's fees, that may occur as a result of my participation in said activity.

5. I agree to assume full responsibility for my safety and the safety of my property at all times including the time that I am transit to and from the ACTIVITY site. I understand that I may be sometimes traveling in areas having higher than average rates for crime, especially theft of property. I further agree to assume full responsibility for my own safety and the safety of my property at all times while participating in said ACTIVITY.

6. I understand that RELEASEES do not maintain any insurance policy covering any circumstance arising from my participation in this activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage.

7. It is my express intent that this Covenant Not to Sue and Agreement to Hold Harmless shall bind the members of my family and spouse, If I am alive, and my heirs, assigns and personal representatives, If I am deceased, and shall be governed by the laws of the State of Texas.

8. In signing this Covenant Not to Sue and Agreement to Hold Harmless, I acknowledge and represent that I have read the foregoing Covenant Not to Sue Agreement to Hold Harmless, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements apart from the foregoing agreement that has been reduced to writing have been made. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future.

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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

**Parent or Legal Guardian:** \_\_\_\_\_  
(If Participant is under 18 years old)



# Travel Itinerary and Documents

**DIVISION OF INTERNATIONAL PROGRAMS**

Office of International Education

Phone: (956) 326. 2565 Fax: (956) 326. 2779

E-mail: [studyabroad@tamiu.edu](mailto:studyabroad@tamiu.edu)

URL: [www.tamiu.edu/dip/oie](http://www.tamiu.edu/dip/oie)

## Itinerary

Attach a copy of your travel itinerary. It must include information regarding your departure city/arrival city, departure time/arrival time, airline, flight number and the date.

## Documents

Attach a copy of your passport data page with your picture on it. Check that all information is legible, and that you have signed your passport before you use it!

## General Waiver

I give the Office of International Education permission to:	Yes	No
Share my evaluation of the program in which I participate with prospective students.		
Use photos and comments I have provided about my study abroad on the TAMIU OIE web site.		
Send the names of individuals to contact in case of emergency both at TAMIU and at the site abroad to my parent(s)/legal guardian/other persons specified by myself.		
Release my name and email address to prospective students wishing information about the study abroad program in which I participated		
Release information contained in my applications for participation in a study abroad program, letters of recommendation, and transcripts to a TAMIU faculty review committee for review and application.		
I grant access to medical, disciplinary, and counseling files that have bearing upon my application.		
Release information contained in my application, letters of recommendation, and transcripts to the overseas school where I wish to be placed.		

## FERPA Waiver (Family Educational Rights & Privacy Act)

I authorize Texas A&M International University to contact and provide information, including educational records, to my parents and/or guardians. This information will only be shared if the need arises to contact my parents and/or guardians, or if my parents and/or guardians request information about my participation on my study abroad program.

In the event of an emergency, I also authorize the U.S. Department of State to release any pertinent information about me, my welfare, and my whereabouts to Texas A&M International University's Office of International Education.

\_\_\_\_\_  
Name (print or type)

\_\_\_\_\_  
Program name

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date



# Emergency Contact Information & Health Insurance

DIVISION OF INTERNATIONAL PROGRAMS

Office of International Education

Phone: (956) 326. 2565 Fax: (956) 326. 2779

E-mail: studyabroad@tamiu.edu

URL: www.tamiu.edu/dip/oie

The information requested below will be used only in case of emergency and is limited to the duration of your participation in a TAMIU-sponsored overseas program. The information will be kept confidential.

## Student Info

Name: \_\_\_\_\_

Program Destination: \_\_\_\_\_

## Emergency Contact

Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Cell Phone/Beeper: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Preferred Language:  English  Spanish  Other \_\_\_\_\_

## **Health Insurance**

Students who participate in a TAMIU approved study abroad program are required to purchase health insurance for the duration of their study abroad program. The required health insurance coverage can be purchased through OIE, where you also can obtain a booklet with insurance coverage information. Students are allowed to purchase comparable insurance, however they need to provide proof of insurance to the OIE and receive official approval to substitute. If you are going on an affiliate program, health insurance is included in the program cost.

It is optional for students to purchase the International Student Identity Card (\$22, valid for one year), which can be purchased at OIE. This card comes with various travel discount benefits, and additional health and travel insurance.

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| I have health insurance, including repatriation and medical evacuation     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Health insurance was secured by OIE  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Health insurance was secured by Affiliate Study Abroad Program             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I am providing my own health insurance (attach proof of adequate coverage) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |



# Health Information

## DIVISION OF INTERNATIONAL PROGRAMS

Office of International Education

Phone: (956) 326. 2565 Fax: (956) 326. 2779

E-mail: [studyabroad@tamiu.edu](mailto:studyabroad@tamiu.edu)

URL: [www.tamiu.edu/dip/oie](http://www.tamiu.edu/dip/oie)

### Health Information

The purpose of this form is to help OIE be of maximum assistance to you should the need arise during your study abroad experience. OIE may not be able to accommodate all individual needs or circumstances. Feel free to attach an extra sheet if you feel you need more space to describe your specific health issues.

Are you currently in good physical condition?  Yes  No

Do you have any medical conditions that could affect your participation in this program? If yes, please explain.  Yes  No

Are you taking any medications to treat the conditions mentioned above?  Yes  No

Are you requesting any special accommodations due to physical or psychological conditions?  Yes  No

Are you a vegetarian or on a restricted diet? If yes, please explain.  Yes  No

Have you ever received medical or psychiatric aid or long-term counseling or been hospitalized for emotional problems?  Yes  No

#### Allergy History:

- Inhalants  Yes  No
- Food intolerance  Yes  No
- Insects  Yes  No
- Other  Yes  No

I, \_\_\_\_\_, certify that all responses on this form are true and accurate, and I will notify OIE of any relevant changes in my health that might occur prior to the start of the program

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# Student Responsibilities

## DIVISION OF INTERNATIONAL PROGRAMS

Office of International Education

Phone: (956) 326. 2565 Fax: (956) 326. 2779

E-mail: [studyabroad@tamiu.edu](mailto:studyabroad@tamiu.edu)

URL: [www.tamiu.edu/dip/oie](http://www.tamiu.edu/dip/oie)

*By signing this form I certify that I understand that I am responsible for the following duties related to my study abroad. OIE does not provide for the duties listed here.*

**1. RULES OF CONDUCT** It is the responsibility of the student to observe the same standards and rules of conduct while participating in the programs as they observe while physically on the Texas A&M International University (TAMIU) campus (as set forth by the Office of Student Life, code of Student Conduct). Failure to maintain these standards is subject to review by the Dean of Student Success. When misconduct is deemed serious enough, the student may be required to return to the United States without completing the study abroad program and without completion of course work, credit or grades.

**2. ACADEMIC ADVISING** It is the responsibility of the student to discuss study abroad with his/her academic advisor to determine which courses should be taken while abroad. The student must file the "Study Abroad Academic Advisement Form" form with the Office for International Education (OIE).

**3. COURSE ABILITY** The availability of courses at the host institution of the student to work with his/her advisor to determine possible classes that can be taken abroad in the event listed courses are unavailable. The OIE cannot ensure availability at overseas sites.

**4. DOCUMENTATION OF COURSE WORK** It is the responsibility of the student to request that all transcripts be sent to the OIE. It is also the student's responsibility to bring back to TAMIU information that will demonstrate what work was completed during the study abroad. Materials include syllabi, class notes, special projects, tests, and papers written for each class. These materials are required for the credit approval process.

**6. MANDATORY ORIENTATION** It is the student's responsibility to attend a pre-departure orientation given by OIE prior to departure.

**7. PAPERWORK FOR STUDY ABROAD** It is the student's responsibility to ensure that all of the following items have been filed with the OIE: TAMIU Study Abroad Application, All forms from the Emergency & Liability Packet, Copy of the program-specific application, Study Abroad Academic Advisement Form

**8. NOTIFICATION OF FINANCIAL AID OFFICE** It is the responsibility of the student to visit the Financial Aid and Scholarship Offices to finalize arrangements for disbursement of financial aid and scholarship monies before leaving campus.

**9. ADDRESS UPDATE** It is the student's responsibility to give the OIE updated contact information. The credit process may be delayed if the information on file is incorrect.

**10. VISAS AND PASSPORTS** The student is responsible for obtaining a passport and the proper visa for the country to be visited prior to participation in a TAMIU study abroad program.

**11. HEALTH INSURANCE/IMMUNIZATIONS** It is the responsibility of the student to purchase sufficient health insurance to cover him/her while abroad. It is the student's responsibility to obtain the necessary shots for travel abroad.

**13. SAFETY ISSUES** It is the student's responsibility to check with the web sites for State Department. Travel Advisories to be advised of any travel restrictions for Americans abroad. The web site is [www.travel.state.gov/travel\\_warnings.html](http://www.travel.state.gov/travel_warnings.html).

**14. PRE-REGISTRATION FOR RETURN SEMESTER** It is the responsibility of the student to pre-register for the semester after his/her time abroad. This may be done via the internet using the student's registration pin number.

\*\*\*\*\*

I understand and accept the responsibilities listed above.

---

Signature of the Student

Date