



WAIVER, INDEMNIFICATION, AND MEDICAL TREATMENT AUTHORIZATION FORM

1. EXCULPATORY CLAUSE. In consideration for receiving permission to participate in any and all activities of _____ (“activity”), which is sponsored by _____ (“sponsor”), a member of The Texas A&M University System, I hereby release, waive, 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 members, officers, agents, volunteers, or employees (“RELEASEES” or “INDEMNITEES”) from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney’s fees and expenses, that may be sustained by me while participating in this activity, while traveling to and from the activity, or while on the premises owned, leased, or controlled by RELEASEES, **including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES.** I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

2. INDEMNITY CLAUSE. I am fully aware that there are inherent risks to myself and others involved with this activity, including but not limited to _____, and I choose to voluntarily participate in this activity with full knowledge that the activity may be hazardous to me and my property, and to the person and property of others. I acknowledge there may be physically strenuous activities. I know of no medical reason why I should not participate. **I agree to indemnify and hold harmless INDEMNITEES** from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney’s fees and expenses, which may occur to myself, other participants, and third-persons as a result of my participation and conduct in this activity, **including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of INDEMNITEES.**

3. NO INSURANCE. 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. Sponsor does not carry general liability insurance to cover claims arising from this activity so it seeks a waiver of claims as additional consideration for the right to participate so sponsor, a governmental unit of the State of Texas, can (a) provide the activity at the lowest possible cost to participants; and (b) provide access to a greater number of participants by expending limited resources on program materials rather than on liability insurance.

4. BINDS HEIRS. It is my express intent that this agreement 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.

5. MEDICAL AUTHORIZATION, INDEMNITY FOR MEDICAL EXPENSES, and WAIVER. I understand RELEASEES cannot be expected to control all of the risks associated with this activity and RELEASEES may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required, as determined by a medical professional at the medical facility, during my participation in this activity with the understanding that the cost of any such treatment will be my responsibility. I agree to indemnify and hold harmless INDEMNITEES for any costs incurred to treat me, even if an INDEMNITEE has signed hospital documentation promising to pay for the treatment due to my inability to sign the documentation. I further agree to release, waive, covenant not to sue, and agree to hold harmless for any and all purposes, RELEASEES from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney’s fees and expenses, that may be sustained by me while receiving medical care or in deciding to seek medical care, including while traveling to and from a medical care facility, **including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES.** I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

6. VOLUNTARY SIGNATURE. In signing this agreement I acknowledge and represent that I have read it, understand it, and sign it voluntarily as my own free act and deed; sponsor has not made and I have not relied on any oral representations, statements, or inducements apart from the terms contained in this agreement. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future. **For students engaging in extracurricular activities:** I understand I can choose not to sign this document and free myself from its terms and the associated risks of the activity by simply not participating in the activity and choosing some other activity available to me that has a lower level of risk to me. I further understand this is a voluntary, extracurricular activity; therefore it is not required for me to obtain college credits and not participating in this activity will in no way hinder my ability to obtain a degree from the university. **For students going on fieldtrips or other class-related activities:** I understand participation in this class/fieldtrip/activity is not mandatory and I will not be penalized for failing to participate in this activity because an alternative activity exists for which I can receive like credit. While I understand alternative activities are available to me that do not have the risks associated with this activity I still desire to voluntarily engage in this activity.

**SIGNING THIS DOCUMENT INVOLVES THE WAIVER OF VALUABLE LEGAL RIGHTS.
CONSULT YOUR ATTORNEY BEFORE SIGNING THIS DOCUMENT.**

SIGNED this _____ day of _____, 20 _____.

Participant Signature: _____

Printed Name: _____

Participant's Date of Birth: _

Parent or Legal Guardian Signature: _____
(If Participant is under 18 years old)

Parent or Legal Guardian Printed Name: _____
(If Participant is under 18 years old)

INSTRUCTIONS: (1) The document should be printed in a font size no smaller than 10-point type. This is 10-point type. This is 12-point type. (2) The formatting/font style (***bolded, underlined, and italicized***) in paragraph nos. 1, 2, 5 & 6 should not be altered.

TAMUS-OGC-Approved 5/7/2015



TEXAS A&M INTERNATIONAL UNIVERSITY

Travel Itinerary and Documents

Flight 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.

Passport and Visa

Attach a copy of your passport information page and visa (if applicable). Sign your passport before you use it.

General Waiver

I give the Office of International Engagement 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 experience on the IE website.		
Send the names of individuals to contact in case of emergency both at TAMIU and 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 program in which I participated.		
Release information contained in my study abroad application, letter of recommendation, and transcripts to a TAMIU faculty review committee for review and acceptance (if applicable).		
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 & 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 Engagement.

Student Name (Print)

Program Name

Student Signature

Date



TEXAS A&M INTERNATIONAL UNIVERSITY

Health Information

The purpose of this form is to help IE be of maximum assistance to you should the need arise during your study abroad experience. IE 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.

Health Information	YES	NO
Are you currently in good physical condition?		
Do you have any medical conditions that could affect your participation in this program? If yes, please explain.		
Are you taking any medications to treat the conditions mentioned above?		
Are you requesting any special accommodations due to physical or psychological conditions?		
Are you a vegetarian or on a restricted diet? If yes, please explain.		
Have you ever received medical or psychiatric aid or long-term counseling or been hospitalized for emotional problems?		
Do you require emergency medication? If so, please specify: (epi-pens, inhalers, glucagon, etc.)		

Allergy History	YES	NO
Inhalants		
Food intolerance		
Insects		
Other		

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

Student Signature

Date



TEXAS A&M INTERNATIONAL UNIVERSITY

Emergency Contact Information and Health Insurance

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

Student Information

Name: _____

Program Destination: _____

Emergency Contact

Name: _____

Relationship to Student: _____

Address: _____

Home Phone: _____ Business Phone: _____ Cellphone: _____

Email: _____

Preferred Language: _____

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 IE. 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 (\$25, valid for one year), which can be purchased at IE. This card comes with various travel discount benefits, and additional health and travel insurance.

Health Insurance	YES	NO
Health insurance was secured by IE		
Health insurance was secured by Affiliate Study Abroad Program		



Student Responsibilities

By signing this form I certify that I understand that I am responsible for the following duties related to my study abroad program. IE 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 program as they observe while physically on the TAMIU campus (as set forth by SCCE). Failure to maintain these standards is subject to review by the Vice President 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 the coursework, credit or grades.

2. ACADEMIC ADVISING

It is the responsibility of the student to discuss study abroad plans with his/her academic advisor to determine which courses should be taken while abroad. The student must file the Study Abroad Academic Advisement Form with IE.

3. COURSE ABILITY

It is the responsibility of the student to work with his/her academic advisor to determine what possible courses can be taken at the host institution and ensure that the selected courses are available. IE cannot ensure the availability of courses abroad.

4. DOCUMENTATION OF COURSE WORK

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

5. MANDATORY ORIENTATION

It is the student's responsibility to attend a pre-departure orientation given by IE prior to departure.

6. PAPERWORK FOR STUDY ABROAD

It is the student's responsibility to ensure that all of the following items have been filed with the IE: TAMIU Study Abroad Application, all forms from the Emergency & Liability Packet, copy of the program-specific application, passport copy, health insurance information, flight itinerary and scholarship forms.

7. NOTIFICATION OF FINANCIAL AID AND PAYMENT

It is the responsibility of the student to visit the Office of Financial Aid to finalize arrangements for disbursement and scholarship funds before leaving campus. The student must also visit the Bursar's Office to submit payment or make payment arrangements for the program and course.

8. FOREIGN ADDRESS UPDATE

It is the student's responsibility to give the IE updated contact information. Inform IE of foreign address and contact number upon arrival to program destination.

9. 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.

10. 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 vaccines and shots for travel abroad.

11. SAFETY ISSUES

It is the student's responsibility to check with the websites for Department of State and Travel Advisories to be advised of any travel restrictions for students from America abroad. The website is - www.travel.state.gov/travel_warnings.html.

12. PRE-REGISTRATION FOR RETURNING SEMESTER

It is the responsibility of the student to pre-register for the semester after his/her time abroad. This may be done online.

I understand and accept the responsibilities listed above.

Student Signature

Date