



Office of Study Abroad
 219 University Center
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 Flint, MI 48502-1950
 Email: studyabroad@umflint.edu
 Phone: 810-762-0867 Fax: 810-762-0006

RELEASE AGREEMENT
NON UMF FACULTY-LED PROGRAMS

This form constitutes part of an agreement between the University of Michigan-Flint, the student participating in the below-named program, and the parents or legal guardians of the student if the student is not self-supporting. (Self-supporting is understood herein as "Not listed as a dependent on parents' or legal guardians' tax return in either of the past two years.")

The student's participation in the program is contingent on the accurate completion and timely submission to the Office of Study Abroad of this essential form. Failure to accurately complete and turn in this form as required will result in the student's dismissal from the study abroad program.

To the Traveler: We ask that you **read carefully** and **indicate with your signature that you understand these conditions and will comply**. If you are under the age of 18, your parent or guardian's signature is required. If you are over the age of 18, but are still a tax dependent of or living with your parent(s) or guardian, you must include the signature of the parent(s) or guardian.

I HAVE BEEN APPROVED FOR AND WISH TO PARTICIPATE ON AN ENTIRELY VOLUNTARY BASIS IN A STUDY ABROAD PROGRAM. I HAVE SPOKEN WITH MY ACADEMIC ADVISOR AND HAVE TRANSFER CREDIT APPROVAL TOWARD MY ACADEMIC DISCIPLINE.

NAME		
First, Middle Initial	Last	UMID
UM-Email	Phone	
ENROLLMENT INFORMATION		
I am enrolled in the:		
<input type="checkbox"/> College of Arts and Sciences <input type="checkbox"/> School of Education and Human Services <input type="checkbox"/> School of Health Professions and Studies <input type="checkbox"/> School of Management		
Department Name: _____		Academic Advisor: _____
PROGRAM SITE		
University or Institute	Program Name	City, Country
TERM(S) OR DATES OF PARTICIPATION		
<input type="checkbox"/> Academic Year <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer	Date of Departure	Date of Return
Year _____		
I have registered my travel under the International Travel and Oversight Committee (ITOC) at http://www.umich.edu/~itoc/ :		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
EMERGENCY CONTACT INFORMATION		
Name (first, last)	Relationship to Student	Phone

In consideration for the opportunity to participate in this program, I understand and agree that:

A. Academic and Financial Requirements.

1. I am responsible for all academic requirements for working on site with my advisor or my advisor's representative as outlined in the syllabus and course instructions.
2. I understand that University of Michigan-Flint sponsored programs reserve the right to make cancellations, changes, or substitutions in case of emergency or changed conditions, or in the interest of any sponsored group with which I may be traveling or collaborating.
3. I am responsible for reading and complying with the information contained in handbooks and policies concerning international safety and risk.
4. I understand that I am responsible for all medical and related expenses incurred while participating in the study abroad program. I am responsible for securing accident and medical insurance that meets the requirements of the Study Abroad Program. I understand that I must demonstrate that my insurance covers international health costs or that I must purchase health insurance from the University of Michigan-Flint to cover any health-related costs incurred while I am abroad. This coverage includes major/medical health. I am responsible for any additional insurance that I may elect.

B. Health Factors.

1. I am responsible for submitting a complete and accurate medical history if required for this program.
2. I understand that if I do not make my medical and psychological needs known in a timely manner, this may delay my participation in the study abroad experience until reasonable accommodations and adjustments can be determined.

C. Personal Behavior.

1. I pledge to abide by all University rules and policies and by all applicable laws while participating in this program.
2. I may not purchase, possess, and/or use any illegal or unauthorized drugs during the duration of the program, including free time. This ban covers drugs that are illegal in the United States and/or the country of participation. I understand that illegal drug purchase, possession, or use jeopardizes myself, other students in the Study Abroad Program, and the Study Abroad Program itself. I understand that violation of this rule of conduct may result in immediate expulsion from the program and loss of all academic credit for the study abroad program.
3. I understand that neither OSA, nor the University of Michigan-Flint, nor the U.S. Embassy can obtain my release from jail if I am jailed for any reason while in a foreign country.
4. I understand and agree to be subject to the laws of the host country. I understand that if legal problems develop with any foreign nationals or government of the host country, I will attend to the matter personally, with personal funds. The University of Michigan-Flint is not responsible for providing any assistance under such circumstances.
5. I understand that if I fail to participate in all scheduled class activities, the Instructor will report this to the Study Abroad Program and additional fees may be assessed for each activity that is missed.
6. The University reserves the right, in its sole discretion, to appropriately respond should my actions or general behavior impede the operation of the Program or the rights or welfare of any person. Similarly if my conduct violates a policy or procedure of the university, I understand that I may be required to leave the Program in the sole discretion of the University, and I may be referred to appropriate University officials for further disciplinary action. I hereby consent to the jurisdiction of the University of Michigan-Flint to discipline me, separately, and cumulatively, for any instance of misconduct which occurs during my study abroad program.

D. Travel Risks.

1. I am responsible for informing my faculty leader of any additional plans to travel during free time before, during, and after the period of the study abroad experience. This includes all travel not included in the transportation to and from the site described in the information concerning the study abroad program.
2. I agree not to travel as an individual to any country for which the U.S. Government has posted a travel warning without the prior, written consent of the Office of Study Abroad or its representatives at the University of Michigan-Flint.
3. I understand that there are unavoidable risks in travel abroad. I acknowledge that I have been provided website information for US Consular Information, as well as the Centers for Disease Control information, on travel to, in, and around, my program site country; that I am aware of and understand the risks and dangers to my own health and personal safety posed by the use of public transportation to and from and in my site country, by domestic or international terrorism, accident, natural disaster, civil unrest, political instability, terrorism, crime, violence, and disease in my site country. I hereby assume, knowingly and voluntarily, each of these risks and all of the other risks that could arise out of or occur during my travel to, from, in, or around my site country.
4. I recognize that as a UM-Flint student engaged in a study abroad program, I will be with a University of Michigan-Flint group, and I will be under direction of a University representative. I assume full responsibility for my safekeeping and welfare.
5. I understand that political, social, and/or public health circumstances can change quickly in a country and that it may be necessary for the University to suspend a learning abroad program for health or safety reasons before the program term ends.

E. Medical Authorization

1. I authorize the University or its agents to secure medical treatment on my behalf in the event of a health emergency, and I accept financial responsibility for such medical treatment.
2. I also authorize the University or its agents to release medical information obtained from me to a care provider in the event of a medical emergency or as needed to provide reasonable accommodations.

F. Release.

I agree to waive and release the University of Michigan-Flint and the University of Michigan, their employees and agents from any claim arising from my participation in the Study Abroad Program for injury, loss damage or expense resulting from accident, war, natural disaster, sickness, quarantine, terrorism, or government restrictions and regulations, and not due to the negligence of the University of Michigan. I also agree to permit the University of Michigan-Flint or its representatives to provide information, as appropriate, to my parents.

I HAVE READ THIS RELEASE AGREEMENT AND ACCEPT EACH OF THE ABOVE RESPONSIBILITIES AND VOLUNTARILY SIGN THE RELEASE AND AUTHORIZATION FOR MEDICAL TREATMENT.

SIGNATURES		
Student Name	Signature	Date
Parent/Guardian Name	Signature	Date

Please submit the original form to the Office of Study Abroad (219 UCEN).