

**APPENDIX F**

**Northeast Ohio Medical University  
Student International Experience**

**WAIVER AND RELEASE AGREEMENT**

**For use prior to participation in a university-approved international experience**

This is a release of legal rights—this must be read and understood before signing.

I am a student at the Northeast Ohio Medical University (NEOMED) and have asked for and been granted permission to participate in a University-approved international experience.

Title of International Experience \_\_\_\_\_

Dates of International Experience \_\_\_\_\_

Program Contact Information: \_\_\_\_\_

In consideration for being permitted to participate in the University-Approved Program (“Program”), I agree to the following (student must initial each paragraph and sign and date the final page):

- (1) I have secured health insurance, from one of the agencies as stated in the Student International Travel Policy, to provide coverage for any injuries or illness sustained or experienced while participating in University-approved international experiences. At a minimum my insurance provides for the following international coverage:
  - (a) Medical Expense (accident/sickness)—\$100,000 per incident
  - (b) Accidental Death/Dismemberment—\$10,000
  - (c) Emergency Medical Evacuation—\$50,000
  - (d) Repatriation of Remains—\$25,000

I have provided documentation of the insurance coverage to the Office of Student Affairs. In addition to providing documentation as required by the Student International Travel Policy, with my signature below I certify that I have confirmed my health care coverage meets the above stated requirements, and hereby release the University, its officers, employees, faculty and agents from any responsibility or liability for expenses or damages incurred by me for injuries or illnesses (including death) that I may incur. \_\_\_\_\_

- (2) Notwithstanding any agreement by the University to award academic credit for the course of study I undertake, the University has not required me to participate in the Program in any way, and my academic progress at the University will not be adversely affected if I decide not to participate. I understand that the University has not undertaken any kind of control or supervision over the Program institution, my Program of study, my itinerary, travel arrangements or accommodations. \_\_\_\_\_
- (3) I understand that there are unavoidable risks in travel and living abroad—including the risks of transportation, 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 unanticipated risks. I have read all current recommendations and advisories issued by the U.S. State Department and the Center for Disease Control as to the risks of travel to and within my Program location. Knowing these risks, and in consideration of being permitted to participate in the Program, I hereby release and waive the right, on behalf of myself, my family, heirs and personal representative(s), to any claims or potential claims whatsoever for any and all liability for harm, injury, damage, claims, demands, actions, causes of action, costs and expenses of any nature that I may have or that may accrue to me, arising out of or related to my participating in this Program. I further agree to save and hold harmless the University, its officers, employees, faculty and agents, from any claim made by me or my family or personal representative(s) arising out of or related to my participation in this Program and any travel I undertake in connection with it.  
\_\_\_\_\_
- (4) If the U.S. State Department issues a Travel Warning for the location of my Program prior to travel, I understand my eligibility to travel to the Program location may be revoked at the consideration of the University and I will incur all monetary fees and penalties resulting from travel cancellation. In the event a U.S. State Department warning is issued while I am abroad, determination of the appropriate action will be made on a case-by-case basis, with the University having the authority to require me to return to the United States. I understand that if it is required that I must return to the United States early, I will incur all fees and penalties for altering my original travel arrangements. \_\_\_\_\_
- (5) I understand that each foreign state has its own laws and standards of acceptable conduct. I recognize that behavior which violates those laws or standards could harm the University, as well as my own health and safety. I have informed myself to the best of my ability of the local laws and standards and I understand I am solely responsible for the consequences of any violations I incur at the location of the Program. I will assume the risk of any legal problems I may encounter with any government or controlling administration at the Program location. The University is not responsible for providing any assistance under such circumstances. \_\_\_\_\_

- (6) I agree that should any provision or aspect of this agreement be found to be unenforceable, all remaining provisions of the agreement will remain in full force and effect. \_\_\_\_\_
- (7) I represent that my agreement to the provision herein is wholly voluntary, and further understand that, prior to signing this release, I have the right to consult with the advisor or attorney of my choice. \_\_\_\_\_
- (8) I agree that, should there be any dispute concerning my participation in the Program that would require the adjudication of a court of law, that the laws of the State of Ohio will govern. \_\_\_\_\_
- (9) I have read and understand the Student International Policy (including all procedures contained therein) and the Student International Experience Guidelines. \_\_\_\_\_
- (10) This agreement represents my complete understanding with the University concerning the University's responsibility and liability for my participation in the Program, supersedes any previous or contemporaneous understandings I may have had with the University on this subject, whether written or oral, and cannot be changed or amended in any way without written concurrence from both myself and the University. \_\_\_\_\_

I HAVE CAREFULLY READ THIS RELEASE FORM AND INITIALED AFTER EACH PARAGRAPH BEFORE SIGNING IT.

\_\_\_\_\_  
StudentSignature

\_\_\_\_\_  
Student Name Printed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Global Engagement Office Witness

\_\_\_\_\_  
Global Engagement Office

\_\_\_\_\_  
Date