

**UNIVERSITY OF WISCONSIN SYSTEM UNIFORM STATEMENT OF RESPONSIBILITY, RELEASE, AND
AUTHORIZATION
TO PARTICIPATE IN STUDY ABROAD AND EXCHANGE PROGRAMS**

I hereby indicate my desire to participate in a study abroad/exchange program sponsored by the University of Wisconsin-Madison during spring/fall 20 _____. My participation in this program is completely voluntary. If and/or when I am offered and accepted place in the University's program, I:

- 1) assume full legal and financial responsibility for my participation in the program.
- 2) will be responsible for full program costs (whether already paid or not) as stated in the withdrawal and refund schedule if I withdraw (or am required to withdraw) from the program for any reason once the program has commenced, unless otherwise stated in the program refund policy.
- 3) grant the University, its employees, agents and representatives the authority to act in any attempt to safeguard and preserve my health or safety during my participation in the program including authorizing medical treatment on my behalf and at my expense and returning me to the United States at my own expense for medical treatment or in case of an emergency.
- 4) realize that accident and health insurance, as well as insurance for my medical evacuation and repatriation, that are applicable outside of the United States are required for my participation in the program and that I am responsible for obtaining appropriate insurance coverage for the duration of the program. I understand the University requires me to have appropriate insurance coverage for the entire time I am abroad.
- 5) agree to conform to all applicable policies, rules, regulations and standards of conduct as established by the University, any sponsoring institution and/or foreign affiliates, as well as program requirements, to insure the best interest, harmony, comfort and welfare of the program.
- 6) accept termination of my participation in the program by the University with no refund of fees and accept responsibility for transportation costs home if I fail to maintain acceptable standards of conduct as established by the University, the sponsoring institution and/or foreign affiliates.
- 7) understand that the University reserves the right to make changes to the program at any time and for any reason, with or without notice, and that the University shall not be liable for any loss whatsoever to program participants as a result of such changes.
- 8) agree voluntarily and without reservation to indemnify and hold harmless the University, Board of Regents of the University of Wisconsin System (Board of Regents) and their respective officers, employees, and agents from any and all liability, loss, damages, costs, or expenses (including attorney's fees) which do not arise out of the negligent acts or omission of an officer, employee, and agent of the University and/or Board of Regents while acting within the scope of their employment or agency, as a result of my participation in the program, including any travel incident thereto.
- 9) acknowledge that I have read this entire document and understand its terms.

Please sign:

I have read and understand the waiver and program fee refund policy, written above.

Participant's Signature

Date