

The University of North Carolina at Chapel Hill

Release and Hold Harmless Agreement for Study Abroad Programs and Other Programs and Activities Involving Foreign Travel

As part of the consideration for participating in this program, I hereby release, hold harmless, and forever discharge The University of North Carolina at Chapel Hill, its employees and agents from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, property damage, or personal injury, including death, that may be sustained by me or to any property belonging to me while participating in this program.

I am fully aware of the risks and hazards associated with foreign travel and residence and with the particular activities I intend to pursue abroad. I further understand that other countries have different laws, regulations or standards; may have few or no laws, regulations or standards; or may not enforce their existing laws, regulations or standards, including, but not limited to, those relating to health, welfare, safety, crime, regulation of businesses and transportation in any form (including travel by sea, land or air). I acknowledge that my participation in this activity is elected by me and not required. I voluntarily assume full responsibility for any risk of loss, damage, or personal injury, including death, and for any property damage that may be sustained by me as a result of participation in this program.

I acknowledge and understand that I am responsible for making my own travel, transportation and housing arrangements in connection with this program or activity. I understand that I must make provision before departure for continuation of medical treatments such as prescriptions or special diets. I also understand that it is my responsibility to obtain and keep in force my own health insurance while out of the country. I further understand that I am financially responsible for my own medical expenses. I acknowledge that I have been advised to secure insurance coverage that includes coverage for medical evacuation and repatriation of remains.

I understand and acknowledge that it is my responsibility to:

- Obtain current health information, including recommended precautions for the area in which I am traveling at <http://www.cdc.gov/travel/index.htm> the website of the U.S. Center for Disease Control.
- Obtain current information from the U.S. State Department website about the risks of travel to the area in which I am traveling by going to <http://travel.state.gov>, clicking on "International Travel" and reading material applicable to the area listed under "Travel Warnings," and "Consular Information Sheets," as well as the "Avian Flu Fact Sheet."

I acknowledge that the University's "Policy Concerning Study, Travel, and Research in Countries Under U.S. State Department Travel Warnings" applies to this activity and that my travel and/or funding may be terminated under the circumstances set out in that policy at <http://www.unc.edu/campus/policies/travelwarning.html>.

If the program in which I am participating includes University-organized and supervised group travel, in the event of illness or injury, I hereby authorize the program director or other agents to obtain emergency or other medical treatment for me as deemed necessary, including administration of an anesthetic or other medication and surgery, and I hereby assume the cost of such treatment. I understand that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of the University to give specific consent to the diagnosis, treatment, or hospital care which in the best judgment of a licensed physician is deemed advisable.

I have read and I understand this document, including the release and hold harmless portions of it. I understand and agree that it is binding on myself, my heirs, my assigns, and personal representatives. I acknowledge that I am 18 years old or more.

This the _____ day of _____, 20__.

(Seal) Date: _____
Signature of Applicant

(Seal) Date: _____
Signature of Witness

Your name (Please print legibly)