Student Liability Release, Health Insurance Certification, Medical Release, and Conditions of Participation

Instructions:
- Please read the following and sign the statements that follow. **Students must sign in the presence of a notary. Make a copy for your personal records and return the original of this form to the Office of Study Abroad by the date stated in your acceptance letter.**
- **One completed copy** of this form must be on file at the Office of Study Abroad before a student can participate in a KU Study Abroad program.

I. Liability
In conducting study abroad programs, the University of Kansas (KU) makes every effort to provide for the welfare and safety of the participants. On many programs, the official representative of KU at the study abroad site will make such rules and regulations for the conduct of the participants as will reasonably safeguard the health, well-being, and safety of all such participants, taking into consideration KU policies on student rights and responsibilities in addition to the laws of the host country. Recognizing, however, that participation in the program is voluntary and that there are certain inherent risks that the participant must assume, the participant understands that neither the University, nor any cooperating institution, assumes any responsibility for damage to or loss of property, personal illness or injury, or death while a participant is in the program.

While the University will assist in providing information on health care and insurance, it is the individual student's responsibility to ascertain that he/she has adequate health and accident coverage, valid during his/her stay abroad, and has informed him/herself of the proper health precautions for the world region to be visited. As proof of adequate insurance, health insurance information and a policy number must be provided on page 2 of this form, and the completed, notarized form must be on file at the KU Office of Study Abroad before a student may participate.

Should a participant be placed in a position where, because of his/her incapacity to act, the question arises as to whom may act on the participant's behalf or as his/her parent's, guardian's or spouse's agent, the KU representative abroad shall be the duly appointed attorney-in-fact for such student and for such parent, guardian or spouse.

The University of Kansas strongly discourages students owning or operating vehicles while participating in study abroad programs. Traffic congestion and different traffic laws and regulations, civil and criminal, can make driving motor vehicles in foreign countries extremely hazardous. Insurance requirements or other financial responsibility laws vary from country to country. If, however, a participant is determined to operate a motor vehicle while abroad, he/she recognizes that KU assumes no financial responsibility for legal aid, or for the care of the participant should he/she be involved in an accident while operating a motor vehicle.

Opportunities for individual travel are plentiful and the University does not wish to discourage participants from taking advantage of them. The University, however, undertakes no responsibility for the participant when he/she is traveling independently during the course of the study abroad period.

II. Overseas Health Insurance Coverage
It is important to realize that most U.S. health insurance coverage is not recognized overseas. The student will normally be required to pay for medical service, and fill out a claim form to be returned to the home company for reimbursement. It is imperative for students to know the limits of their coverage, and to carry at least one claim form to be signed by appropriate medical persons abroad to facilitate reimbursement.

Study abroad programs can be physically and medically rigorous and the possibility of illness or an accident is always a concern. Therefore, it is strongly advised that participants have a physical examination to receive assurance from a physician that they are able to participate. Additionally, it is advised that the student meet with the Program Director or Study Abroad advisor prior to departure and provide confidential information of special conditions and/or needs such as, but not limited to, allergies, medication, treatment programs, or other medical concerns, so that if problems arise they are not a surprise.

III. Medical Emergencies
An American student abroad is expected to be able to cope with day-to-day occurrences, but occasionally events arise that are of an emergency or medical nature and which require medical care, hospitalization, or surgery for a student participant. So that such treatment can be administered without delay, we ask that each participant sign the statement on the following page authorizing the University of Kansas representative abroad to secure, at the expense of the participant, any treatment deemed necessary.

Participants on University of Kansas study abroad programs are covered for the duration of their program by AIG Global Assistance Services for emergency medical evacuation and assistance services which include repatriation of remains in the event of death. Students traveling before or after the program

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Keep one copy for your records

<table>
<thead>
<tr>
<th>Student Name</th>
<th>KUID</th>
<th>Program</th>
<th>Term</th>
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University of Kansas ● Office of Study Abroad ● Lippincott Hall ● 1410 Jayhawk Blvd., Room 108 ● Lawrence, KS 66045
Phone: 785-864-3742 ● Fax: 785-864-5040 ● studyabroad@ku.edu ● www.studyabroad.ku.edu
09/22/16
dates should contact the Office of Study Abroad for information on securing additional coverage for this time period.

Participants agree to allow the Office of Study Abroad to submit their names and date of birth to AIG as requested for enrollment in the Global Assistance Services plan.

Detailed information about AIG Global Assistance Services and a participant ID card is provided through the students online account with the Office of Study Abroad. Participants should read these materials carefully and carry their cards at all times while participating on the KU study abroad program. In the case of an emergency, participants should call the international phone number listed on the card for prior approval of services in order to ensure reimbursement of expenses.

IV. Release/Certification Statements

As a condition of participation, each participant is required to sign the following statements and provide health insurance policy information as an indication that the above conditions and limitations are understood and accepted.

A. Liability Release Statement

I hereby release the University of Kansas and any cooperating institution and their officers and agents from any and all claims and causes of action for damage to or loss of property, medical or hospital care, personal illness or injury, or death arising out of any travel or activity conducted by or under the control of the University of Kansas or cooperating institution.

Student’s name (please print) ____________________________ Student’s Signature ____________________________

SIGN ONLY IN THE PRESENCE OF A NOTARY

State of: _______ County of _______. Subscribed and sworn to before me, a Notary Public within and for the County and State above set out this _____ day of __________, __________.

Notary ____________________________ My appointment expires ____________________________

If the participant is under 18 years of age at the date of signing, this form must also be signed by the participant’s parent or legal guardian.

B. Insurance Certification Statement

I hereby certify that I am covered with health insurance which I have determined to be adequate and satisfactory for any injury or illness that might befall me while I am participating in a University of Kansas study abroad program. I acknowledge that the University of Kansas and its representatives have not made any representations to me concerning the adequacy of my health insurance and I further acknowledge that it is my sole responsibility to ensure that my health insurance coverage is adequate for my needs.

Insurance Company ____________________________

Policy Number ____________________________

Policy Holder’s Name ____________________________

C. Medical Release Statement

In the event of injury or illness to the undersigned, I hereby authorize the representative of the University of Kansas, at my expense, to secure necessary treatment, including the administration of an anesthetic and surgery, and such medication as may be prescribed. It is further agreed that, if my condition so required, I may be returned to the United States at my expense. I agree that if the University of Kansas makes any payments on my behalf, I will reimburse the University for such payments.

Name of Parent/Legal Guardian (please print) ____________________________

Signature of Parent/Legal Guardian ____________________________ Date __________

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KU Study Abroad Policies and Conditions of Participation

The purpose of studying abroad is to engage in a holistic learning experience, which combines achievement of academic objectives with the larger goal of gaining a deeper understanding of another culture. Cultural learning through study abroad promotes tolerance, fosters collaboration and establishes friendships among individuals, institutions and nations. I recognize that by participating in a University of Kansas (KU) Study Abroad program I am taking part in an on-going relationship with host country institutions and individuals, and I assume responsibilities attendant to maintaining good relations with hosts and colleagues.

In consideration of being allowed to participate in a KU Study Abroad Program, I, ______________________________, hereby understand and agree to the following conditions of participation:

• **KU Rules:** As a participant in a KU study abroad program, I am subject to the KU Code of Student Rights and Responsibilities. Likewise, I am subject to the KU Policy on Academic Misconduct. These two documents are included in the KU Office of Study Abroad (OSA) Student Handbook and are available through the KU website, www.ku.edu.

• **Academic Policy:** Because this is an academic program, I am responsible for attendance at classes and on scheduled activities, and for completing assigned work. Failure to participate fully in the program may constitute academic misconduct and result in dismissal from the program. I understand that participants are expected to remain fully enrolled while abroad and that any exceptions must be discussed with a KU OSA program coordinator.

• **Program Rules:** The Program Director and staff have the authority to establish rules and guidelines necessary for the operation of the KU Study Abroad program and to promote the health and safety of the entire group. Specific program rules are given in orientation and pre-departure materials. I understand that if I violate the established rules, I will be subject to disciplinary action, which may include dismissal from the program, without refund.

• **Orientation:** I am responsible for informing myself of practical and cultural matters relevant to visitors to my study site. In addition, I am responsible for the content of all pre-departure and orientation materials. KU students are required to attend a pre-departure orientation on campus as a mandatory condition of participation in a study abroad program.

• **Host Country Laws:** As a visitor to a foreign country, I will be subject to the laws of that country. It is my responsibility to obey the laws in all countries I visit during the period of study abroad. Violations of the local law of the host community or country are referred to and handled by the appropriate local law enforcement authorities. KU OSA can provide referral to resources for legal assistance in the host country, but cannot assume expenses of or interfere with the legal process.

• **Behavior in Host Country:** As a foreign study participant, I am a guest in a host country. Behavior that may seem harmless in another setting may be considered offensive in the host culture. Such behavior could harm relations of the University of Kansas or the host institution and result in curtailment of the program. It is essential that all participants respect norms of conduct and patterns of behavior, which may be different from standards at home. Such norms will be discussed at orientation meetings with the Program Director and/or on-site staff. If I am unsure about what constitutes acceptable behavior at the study site, I may consult the Program Director or program staff. Repeated behaviors offensive to the host culture may constitute grounds for dismissal.

• **Use of illegal drugs** during the entire period of the program is strictly prohibited. Students in the program found using or possessing illegal drugs in any form are subject to immediate expulsion.

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• **Conduct which is disruptive to the program.**
  offensive to the host culture, or which endangers myself or others, may result in dismissal. Violent behavior, sexual harassment, racial or ethnic harassment, will not be tolerated and will be dealt with severely. In addition to these and other non-academic offenses outlined in the KU Code of Student Rights and Responsibilities, conduct such as, but not limited to abuse of alcohol, intentional and deliberate antagonistic behavior and abusive language toward fellow participants, program faculty and staff, or citizens of the host country, may result in dismissal.

• **Free time:** I assume responsibility for my choice of activities during unscheduled program time. All standards of conduct expected of university students apply to free time as well as scheduled program activities, because participation in Study Abroad programs immerse students in the culture with learning occurring outside the classroom. I understand that, should my behavior during my free time negatively impact members of the group or program activities, this can constitute academic misconduct, which could result in suspension, dismissal, and/or reduction of my course grade. I understand the need to carefully consider the consequences of accidents or injury arising from my choice of activities or travel destinations during free time. If I become ill, injured or am the victim of crime or violence, while traveling outside the study site during free time, I understand that the program will have very limited ability to assist me and that the program cannot pay for the costs of providing assistance.

• **Financial Responsibility:** My participation in the program is contingent upon making all payments or financial aid arrangements by the stated due dates and completing and submitting all required forms before the start of the program. I further understand that failure to submit forms or payments may result in late enrollment penalties or my being dismissed from the program.

• **Voluntary or involuntary departure from the program** before its completion does not automatically result in academic withdrawal. While the Office of Study Abroad may assist, I am responsible for resolving my enrollment status if I leave the program early.

I further understand that I am solely responsible for any and all costs arising out of my own voluntary or involuntary withdrawal from the program prior to its completion, including withdrawal caused by illness or disciplinary action by representative.

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Student signature         Date