

**UNIVERSITY OF NORTH FLORIDA FACULTY-LED STUDY  
ABROAD PROGRAM WAIVER AND RELEASE AGREEMENT**

**THIS AFFECTS YOUR LEGAL RIGHTS.  
PLEASE READ CAREFULLY BEFORE SIGNING BELOW.**

I, \_\_\_\_\_, am a student at the University of North Florida, a state university administered by The University of North Florida Board of Trustees, which together with the State of Florida is hereinafter referred to as the "Releasees." I have agreed to participate in the University study abroad program \_\_\_\_\_ ("the Program"). In consideration for being permitted to participate in the Program, I hereby agree and represent that:

1. I understand that I am going to another country and that the laws, rules, and regulations that apply to my behavior may be different than those regulating conduct in the United States. I agree that I will act in accordance with the laws, regulations, and rules of the country I am in and that the violation of any such law may result in the immediate discontinuation of my participation in the Program.
2. I understand that although the University will attempt to maintain the Program as described in its publications and brochures, it reserves the right to change the Program, including the itinerary, travel arrangements, or accommodations, at any time and for any reason, with or without notice, and that the Releasees will not be responsible or liable for any expenses or losses that I may sustain because of these changes.
3. I understand that the University reserves the right to discontinue my participation in the Program and/or accommodations at any time should my actions or behavior, in the sole discretion of the University or Faculty Leader, impede or obstruct the progress of the Program in any way or endanger myself, other participants, faculty or staff. In such event I agree that I remain fully responsible for the entire cost and expenses related to the Program and/or accommodations and that I will not be entitled to any refund. I further agree that from and after the date my participation in the Program is discontinued, I am responsible for my own conduct and the costs of my conduct, including, but not limited to food, lodging, and transportation during the remainder of the scheduled Program.
4. I understand that although the University has made reasonable efforts to address my safety while participating in the Program, there are unavoidable risks in travel overseas. I, for myself and for all persons claiming through me, waive, release and discharge Releasees, their officers, agents, representatives and employees, from and against any and all liability, claim, or action whatsoever arising out of or related to any injury (including death), loss or damage (including attorney's fees and costs) that I may sustain, whether caused by the negligence of Releasees or otherwise, that is connected in any way to my participation in the Program, and I covenant not to sue Releasees for the same.
5. **I understand that the University has not engaged medical personnel abroad. I grant permission to \_\_\_\_\_ [faculty member] from \_\_\_\_\_ [enter date range] to authorize emergency medical treatment for me. The University of North Florida Board of Trustees and the State of Florida assume no responsibility for any injury or damage arising out of or in connection with such emergency medical treatment. I release all of them from any claim by me or any person claiming through me arising out of or in connection with such emergency medical treatment. I understand that I am responsible for the cost of any such emergency medical treatment that is not covered by my international insurance policy.**  
Initials here \_\_\_\_\_
6. I understand that the University will only grant me academic credit for programs that the University has agreed in writing to accredit and for which I have fulfilled the academic requirements.
7. I understand that I am solely responsible for obtaining all documents necessary for travel including but not limited to a passport or visas.
8. I understand that, under the Family Educational Rights and Privacy Act of 1974, 20 U.S.C. §1232g, and its implementing regulations, 32 C.F.R. Part 99 ("FERPA"), Section 1002.225, Florida Statutes, and University Policy 2.0620P, the University is required to keep confidential various types of student records. I also understand that certain people may want to know about my whereabouts and condition when I am participating in the Program. For that reason, I hereby waive my confidentiality rights as they relate to my whereabouts and condition and authorize the University to disclose such information to (check as appropriate):  
\_\_\_\_\_ My Parent(s): \_\_\_\_\_  
\_\_\_\_\_ My Spouse: \_\_\_\_\_  
\_\_\_\_\_ Other(s): \_\_\_\_\_
9. I agree that should any provision or aspect of this Agreement be found to be unenforceable, all remaining provisions of this Agreement will remain in full force and effect.
10. I represent that my agreement to the provisions herein is wholly voluntary, and further understand that prior to signing this Agreement, I have the right to consult with the adviser, counselor, or attorney of my choice.
11. I agree that should there be any dispute arising from or related to my participation in the Program that would require the adjudication of a court of law, venue will lie in Duval County, Florida, and the cause of action will be determined in accordance with the laws of the State of Florida.
12. This Agreement cannot be changed or amended in any way without the written consent of both parties.
13. I represent that I am at least eighteen years of age and fully competent to sign this form or if under eighteen years of age, that I have secured below the signature of my parent or legal guardian as well as my own. I understand the intent and effect of my signing this Waiver and Release.

**ACCEPTED:**

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian (Required if Participant is less than 18 years of age)

\_\_\_\_\_  
Date

## ACKNOWLEDGMENT AND ASSUMPTION OF RISKS OF PARTICIPATION IN FOREIGN STUDY

(“Acknowledgment”)

By signing below, I acknowledge that I understand and agree to the following:

- The \_\_\_\_\_ of study at The University of North Florida (“University”) includes components that necessitate my foreign travel, study, and accommodations abroad (collectively, “Foreign Study”) during program semesters.
- I have been educated by UNF staff in the physical risks associated with my Foreign Study and received their recommendations for conduct that can reduce the risk to my physical safety and security.
- **I am aware of the imminent threat of physical injury, pain and suffering, including loss of life, posed by my exposure to the novel coronavirus and the contracting of COVID-19 associated with my Foreign Study. I am aware that the threat is not only a threat to me, but a threat to persons with whom I live and work and to others with whom I have direct or indirect physical contact.**
- Travel, living, and study restrictions abroad that arise in connection with the COVID-19 pandemic may limit me or prevent me from completing my Foreign Study.
- Travel restrictions by a governmental entity may be imposed at any time that prevent me from entering a foreign country or returning to the United States as I had planned.
- **By proceeding with My Foreign Study, the funds I expend toward my Foreign Study are at risk. Expenditures I make for tuition and fees, \_\_\_\_\_ program fee, travel, housing, food, visa requirements, cell phone, travel insurance/plans, deposits, baggage fees, and the like will not be reimbursed by the University if, for any reason, I am unable to complete my Foreign study.**
- The University may be unable to assist me with, and is not responsible for information technology problems and issues I encounter during my Foreign Study.
- I will regularly monitor my University email account for correspondence from University faculty and staff, and I will respond promptly to all inquiries I receive from them.
- I will adhere to all applicable laws, rules, regulations, and protocols applicable to my Foreign Study, including any expanded safety requirements and protocols in place in the location in which I am living and studying. If, at any time, I feel unsafe or uncomfortable generally or with any particular activity in my Foreign Study, I will immediately report my feelings to the International Center at [intlctr@unf.edu](mailto:intlctr@unf.edu).
- I will inform the International Center promptly if at any time: I learn that I have developed a condition that places me at high physical risk of injury if I contract COVID-19; I am diagnosed with or symptomatic for COVID-19; or I have contact with a person with known diagnosis of COVID-19.
- I have had an opportunity to ask University faculty and staff of the University any questions I have about my participation in Foreign Study and about this Acknowledgment or the effect of this Acknowledgment on me. I have had the opportunity to discuss my participation in Foreign Study with family member(s) or anyone I trust to assist me in making my decision.

Student signature

Witness signature

Printed Name:

Printed Name:

Mailing Address:

Date: