

**Program Leader Acknowledgment and Release**

Education Abroad Office Programs

*Please complete all the word-fillable fields on the first and last pages of this document before printing. After printing, please initial each page and sign and date the final page.* ***Please refer to the instructions from your Education Abroad Office as to how to submit this document.***

Name:

Date of Birth (mm/dd/yyyy):

University of Minnesota ID:

Email Address:

Emergency Contact Name:       Phone Number:

I have been approved to lead the       program offered through the University of Minnesota’s Education Abroad Office, on the       campus, during the approximate dates of:       through      . I understand this travel is subject to the University of Minnesota Policy on *Student Travel and* *Education Abroad: Health and Safety* and Procedure on *Preparing for Education Abroad (Units).* In consideration for the opportunity to lead this international activity, I understand and agree that:

**1. Insurance and Health Factors.**

1.1 I understand that 1) I may be enrolled in medical benefits coverage through my employment at the University, which includes a certain level of international health insurance and medical evacuation coverage while traveling on University business and 2) I will be enrolled in mandatory international travel, health, and security insurance coverage through the University, which is required for faculty/staff leading students overseas. I have reviewed and understand my employee benefits and mandatory international travel, health, and security insurance coverage. I understand that there are limits to this coverage and I agree to inform myself of what that coverage does and does not include. I further understand that I am responsible for the cost of any additional insurance that I may elect to purchase, as well as the costs of health care not covered by my insurance.

1.2 I certify that I can meet the essential job functions required of a Program Leader. I understand that it is my responsibility to disclose any health or disability issues that may impact my ability to perform the duties listed below to the education abroad office/sponsor unit and/or the Disability Resource Center well in advance of the program departure date. This will allow the education abroad office/sponsor unit and on-site partners to assist in appropriate planning and reasonable accommodations. They will also provide support in program implementation and emergency response, as required. I understand that the education abroad office will do its best to accommodate my needs but cannot guarantee any accommodation in advance. I understand that I cannot expect accommodations for those situations that I have not disclosed.

1.3 If, in the course of my participation in this international activity, the University of Minnesota should determine in good faith that the health, safety, or welfare of myself or others,

or the integrity of the activity, is jeopardized by my health condition, I agree to withdraw from the activity and understand that a decision to remain against the University’s advice is at my own risk.

**2. Travel Risks.**

2.1 Because I am traveling on University-purpose travel, I am responsible for informing an official representative of the University of my plans to travel. I understand and agree that such notification is not considered an endorsement or an approval. I acknowledge that University-purpose travel to any country or location designated as Level 3 or 4 Travel Advisory by the U.S. State Department requires prior approval from the University’s International Travel Risk Assessment and Advisory Committee (ITRAAC). In the event that ITRAAC has granted permission for such travel, I understand and acknowledge that such permission is neither an endorsement nor an assurance of the advisability or safety of such travel. Additionally, I acknowledge that this approval is specific to the location and time frame sanctioned by ITRAAC and does not authorize me or the students to travel to any other Travel Advisory Level 3 or 4 countries or locations for either personal or University-purpose travel. Accordingly, I have read and understand the U.S. Department of State Travel Advisory for my location(s). I acknowledge my responsibility in communicating this information to the students participating in this program.

2.2 I have read and understand the U.S. Department of State’s International Travel Information, the Centers for Disease Control and Prevention health advisory information, and any additional information from the World Health Organization on travel to, in, and around my program site country/countries.

2.3 I understand that there are unavoidable risks in participating in international activity opportunities. I am aware of and understand the risks and dangers to my own health and personal safety posed by the use of public transportation to, from, and in my site country; domestic or international terrorism; civil unrest; political instability; crime; violence; disease; and public health conditions in my site country. The site country and other countries I will travel to may have health and safety standards substantially below those enjoyed in the U.S., and I recognize that I may be subjected to potential risks, illnesses, injuries, and even death. I will take every precaution to safeguard my health and safety as well as that of the students with whom I am traveling. I hereby assume, knowingly and voluntarily, each of these risks and all of the other risks that could arise out of or occur during my travel to, from, in, or around my site country.

2.4 I understand that political, social, and/or public health circumstances can change quickly in a country and that it may be necessary for the University, the sponsoring education abroad office, or other entities to suspend my trip abroad for health, safety, or other reasons at any time. If the University or the study abroad program suspends the education abroad program and/or requires my return to the U.S., I understand that I cannot remain abroad with the students on University-purpose travel. While the University will make good faith efforts to mitigate expenses in such circumstances, I understand I may remain responsible for certain expenses, including possible unexpected travel or housing expenses.

2.5 I understand that the University of Minnesota does not represent or act as an agent for, and cannot control the acts or omissions of, any host family, employer, transportation carrier, hotel, tour organizer, or other provider of food, goods, or services involved in the education abroad opportunity.

2.6 In the event of independent travel, optional activities, or sojourns that I may undertake during my international travel experience, I, individually, and on behalf of my heirs, successors, assigns, and personal representatives, release the University of Minnesota and the Regents of the University of Minnesota, its staff, agents, and representatives, from any and all liability whatsoever for damages, losses, or injuries (including death) that I may sustain to my person or property, arising out of, resulting from, or occurring during such international travel experience or any travel incident thereto, except where such damage, loss, or injury is the result of the intentional or reckless conduct of the University of Minnesota or the Regents of the University of Minnesota, its staff, agents, or representatives.

2.6 I have reviewed, understand, and agree (in conjunction with the education abroad office with which I am working) to comply with the following policies, which are accessible via the following links:

* *Student Travel and Education Abroad- Health and Safety:* <https://policy.umn.edu/education/edabroad>
* *Preparing for Education Abroad (Units):*

<https://policy.umn.edu/education/edabroad-proc03>

* *University Code of Conduct for Faculty and Staff:* <http://regents.umn.edu/sites/regents.umn.edu/files/policies/Code_of_Conduct.pdf>
* *University of Minnesota Student Code of Conduct:* <http://regents.umn.edu/sites/regents.umn.edu/files/policies/Student_Conduct_Code.pdf>
* *Policy on Student Conduct in Education Abroad Opportunities:*

<https://umabroad.umn.edu/sites/umabroad.umn.edu/files/2021-03/student-rules-conduct-feb-2021.pdf>

* *Cancellation Policies (one or more may apply, depending on the campus from which the program originates):*
* *Twin Cities:*
* *Carlson Global Institute:*

<http://carlsonschool.umn.edu/faculty-research/carlson-global-institute/education-abroad/policies-forms>

* *Learning Abroad Center:* <https://umabroad.umn.edu/students/policies/finances/cancellation>
* *Crookston:* (See the [Twin Cities Learning Abroad Center Cancellation Policy](https://umabroad.umn.edu/students/policies/finances/cancellation))
* *Duluth* *:* <http://www.d.umn.edu/study-abroad/resources/cancellation-refund-policy>
* *Morris:*<https://drive.google.com/file/d/1HLPBv6v8hf9BS-e6SOpaF9fYQjE-D3vL/view>

*\* Or, if this program is not billed through an Education Abroad Office, I am responsible for obtaining, understanding, and following the specific program’s cancellation policy.*

**3. Medical Authorization.**

3.1 I authorize the University and its agents to secure medical treatment on my behalf in the event of a health emergency, and I accept financial responsibility for such medical treatment.

3.2 I also authorize the University and its agents to release medical information obtained from me to my program, insurance company, or a care provider, in the event of a health emergency or as needed to provide reasonable accommodations.

3.3 I further authorize the University’s insurance partners or duly authorized subcontractors to release to the University’s Director of International Health, Safety, and Compliance, or his/her designee, medical or health information of any nature whatsoever, including medical records or information for mental/nervous disorders, HIV/AIDS, or any other physical or psychological condition. I understand that I may revoke this authorization in writing with the University.

**4. Photographic Likeness Release.**

4.1 For good and valuable consideration, I authorize the University of Minnesota and its agents to record and/or use appropriately obtained photographs or other portraits or likenesses of me while participating on this international activity on videotape, audiotape, film, photographs, or any other medium and use, reproduce, modify, distribute, and publicly exhibit such recordings, in whole or in part, without restrictions or limitation for promotional purposes. I further consent to the use of my name, voice, and biographical material in connection with such recordings.

4.2 I release the University of Minnesota, its successors and assigns, agents, and all persons for whom it is acting from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the recording process, or any unintentional misspellings or inaccuracies and waive any right that I may have to inspect or approve the finished recordings.

4.3 If due to private circumstances I cannot allow the use of my likeness, I can officially notify the University of Minnesota of such, in writing, and that request will override this release.

**5. Release and acknowledgement on behalf of my companions**

5.1 I understand that University faculty and staff may desire to have their spouse, partner, or dependent(s) accompany them on their international travel. If I decide to have my dependents travel with me, I agree that the acknowledgement of risks, authorizations, and releases contained herein shall also apply to such individuals. I further understand that I must complete the companion process through my education abroad office.

5.2 When traveling with University students, I understand that I am responsible for the students and I agree to make decisions in line with University policy. I further understand that my primary responsibility is for the students, even if I have an accompanying spouse, partner, or dependent(s) and that under no circumstances shall I allow my responsibility to any students with whom I am traveling to be compromised by the fact that my spouse, partner, and/or dependents may be traveling with me.

5.3 I further understand that should my spouse, partner, and/or dependents accompany me, no University resources are to be used on their behalf, and I agree that I will not cause the University to incur any financial expense in connection with them. I will assume full legal and financial responsibility for costs associated with such individuals.

5.4 I further understand that minor children accompanying me must be adequately supervised at all times by a reasonable adult other than myself. The presence of minor children or other family members should not disrupt or alter the program in any way.

5.5 I agree that any such individuals traveling with me will be enrolled in CISI insurance or its equivalent at my, or their, own expense for the duration of the trip.

I CERTIFY THAT I AM AGE 18 OR OLDER AND HAVE READ THIS RELEASE AND WAIVER AGREEMENT AND ACCEPT EACH OF THE ABOVE RESPONSIBILITIES AND VOLUNTARILY SIGN THE RELEASE AND AUTHORIZATION FOR MEDICAL TREATMENT.

I understand and agree that no oral or written representations can or will alter the contents of this document. I agree that this agreement shall be governed by the laws of the State of Minnesota (excluding its conflict of laws principles), which shall be the forum for any lawsuits filed under or incident to this agreement or the education abroad program.

Signed By:

Name:

Date: