



Personal Travel Away from My Program Site

I _____ (name) understand that the activity I am proposing to engage in is not sponsored by the University, is not related to the academic program abroad on which I am participating, and that the University cannot guarantee my health, safety or welfare while I am traveling away from my Program Site.

I understand that while I may plan to travel away from my program site, it is my responsibility to ensure that I understand any risks associated with my plans and that I properly plan for those risks.

Therefore, I agree to:

- Thoroughly read and take into consideration warnings and advice given for my specific destination/s at <http://travel.state.gov>;
- Visit a healthcare professional to request all appropriate immunizations well in advance of travel, understanding that some immunizations require at least several weeks to a month before partial immunization is achieved <http://wwwnc.cdc.gov/travel/destinations/list>;
- Review my health insurance policy and my security evacuation policy, paying particular attention to exclusions <http://www.uwosh.edu/oie/away/orientate/insurance>;
- Carry my health insurance cards and policies with me, including the security evacuation policy, and to take responsibility for contacting the insurance company if there is a need;
- Register my travel in the US Department of State's STEP program; <http://travel.state.gov/content/passports/english/go/step.html>
- Request a late withdrawal from my courses abroad if I am not able to return to my Program Site for any reason;
- Immediately repay any financial aid I received for the Program if I am unable to continue in my course (this is a federal requirement);
- Carry enough funds to remain financially responsible for my own care if I am unable to return to my Program Site for any reason or if I must purchase a new return airline ticket to the U.S.; and
- Share my flight/train/bus schedule, daily itinerary and hotel contact information with the parent or guardian who will be responsible for my welfare from the time I leave my Program Site until I return to my Program Site or to the U.S., whichever occurs first.

I understand that if I am in need of assistance while away from my Program Site, the University will not send personnel in to assist me. If made aware of a need for assistance, the University will contact my parents, guardians or emergency contacts and I/they will be responsible for my safety, health and welfare. Specifically, I/they will be responsible for arrangements and cost of traveling to my current location to manage, for example, any illness, injury, hospitalization, medical evacuation, security evacuation, and/or repatriation of my remains to the U.S.

I agree, on behalf of my family, heirs, and personal representative(s), to assume all the risks and legal and financial responsibilities surrounding my participation in activities I organize on my own. To the maximum extent permitted by law, I release and indemnify the Board of Regents of the University of Wisconsin System, and its officers, employees and agents, from and against any present or future claim, loss or liability for injury to person or property which I may suffer, or for which I may be liable to any other person. I have carefully read this Release Form before signing below. No representations, statements, or inducements, oral or written, apart from the foregoing written statement, have been made. This agreement shall be governed by the laws of the state of Wisconsin, which shall be the forum for any lawsuits filed under or incident to this agreement or to the Program.

I agree that I have made decisions taking advice provided in the resources linked in this document into consideration. I further affirm that I have discussed my plans with my parents and/or guardians and that I am following their advice.

Program Participant Signature

Date

I agree, on behalf of my family, heirs, and personal representative(s), to assume all the risks and legal and financial responsibilities surrounding my _____'s (state your relationship to the program participant) travel to _____ (destination). To the maximum extent permitted by law, I release and indemnify the Board of Regents of the University of Wisconsin System, and its officers, employees and agents, from and against any present or future claim, loss or liability for injury to person or property which I may suffer, or for which I may be liable to any other person. I have carefully read this Release Form before signing below. No representations, statements, or inducements, oral or written, apart from the foregoing written statement, have been made. This agreement shall be governed by the laws of the state of Wisconsin, which shall be the forum for any lawsuits filed under or incident to this agreement or to the Program.

Parent or Guardian Name (print)

Parent or Guardian Signature

Date