



u.s. international health alliance

Assumption of Risk

Please read and understand before signing. Return the signed form to:

U.S. International Health Alliance
Attn: Linda Novak
61535 S. Hwy 97, Suite 9-305
Bend, OR 97702

Name of Applicant: _____ Date of Birth: ___/___/___
(If applicant is under 19 years of age, a parent or legal guardian must also read and sign this form.)

Program: _____ Country: _____ From: ___/___/___ to ___/___/___

I hereby agree as follows:

1. **Risks of Study Abroad.** I understand that participation in the Study Abroad Program specified above (the "Program") involves risk not found in study domestically. These include risks involved in traveling to and from and within, and returning from one or more foreign countries; foreign political, legal, social, and economic conditions; different standards of design, safety and maintenance of buildings, public places and conveyances; local medical and weather conditions. I have made my own investigation and am willing to accept these risks.
2. **Institutional Arrangements.** I understand that U.S.IHA does not represent or act as an agent for, and cannot control the acts or omissions of any host institution, host family, transportation carrier, hotel, tour organizer or other provider of goods or services involved in the Program. I understand that U.S.IHA is not responsible for matters that are beyond its control. I hereby release U.S.IHA from any injury, loss, damage, accident, delay or expense arising out of any such matters.
3. **Independent Activity.** I understand that U.S.IHA is not responsible for any injury or loss I may suffer when I am traveling independently or am otherwise separated or absent from any U.S.IHA sponsored activities.
4. **Health and Safety**
 - a. I have consulted with a medical doctor with regard to my personal medical needs. There are no health-related reasons or problems that preclude or restrict my participation in this Program.
 - b. I am aware of all applicable personal medical needs. I have arranged, through my insurance or the Program's required insurance, to meet any and all needs for payment of medical costs while I participate in the Program. I recognize that U.S.IHA is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility therefore. If I require medical treatment or hospital care, in a foreign country or in the United States, during the Program, U.S.IHA is not responsible for the costs or quality of such treatment or care.
 - c. U.S.IHA may (but is not obligated to) take any actions it considers to be warranted under the circumstances regarding my health and safety. I agree to pay all expenses relating thereto and release U.S.IHA from any liability for any actions.

5. Standards of Conduct.

- a. I understand that each foreign country has its own laws and standards of acceptable conduct, including dress, manners, morals, politics, drug use and behavior. I recognize that behavior that violates those laws or standards could harm U.S.IHA's relations with those countries and the institutions therein, as well as my own health and safety. I will become informed of and abide by, all such laws and standards for each country to or through which I travel during the Program.
- b. I will also comply with U.S.IHA's rules, standards, and instructions for student behavior. I waive and release all claims against U.S.IHA that arise at a time when I am not under the direct supervision of U.S.IHA or that are caused by my failure to remain under such supervision or to comply with such rules and standards and instructions.
- c. I agree the U.S.IHA has the right to enforce the standards of conduct described above, in its sole judgment, and that it will impose sanctions, up to and including expulsion from the Program, for violating these standards or for any behavior detrimental to or incompatible with the interest, harmony, and welfare of U.S.IHA, the Program, or other participants. I recognize that due to the circumstances of foreign study programs, procedures for notice, hearing and appeal applicable to student disciplinary proceedings at U.S.IHA do not apply. If I am expelled, I consent to being sent home at my own expense with no refund of fees.
- d. I will attend to any legal problems I encounter with any foreign nationals or government of the host country. U.S.IHA is not responsible for providing any assistance under such circumstances.

6. **Program Changes.** U.S.IHA has the right to make cancellations, substitutions, or changes in case of emergency or changed conditions or in the interest of the Program. I understand that U.S.IHA's fees and program charges are based on current airfares, lodging rates and travel costs, which are subject to change. If I leave or am expelled from the Program for any reason, there will be no refund of fees already paid. I accept all responsibility for loss or additional expenses due to delays or other changes in the means of transportation, other services, or sickness, weather, strikes, or other unforeseen causes. If I become sick or injured, I will at my own expense seek out, contact, and reach the Program group at its next available destination.

7. **Assumption of Risk and Release of Claims.** Knowing the risks described above, and in consideration of being permitted to participate in the Program, I agree, on behalf of my family, heirs, and personal representative(s), to assume all the risks and responsibilities surrounding my participation in the Program. To the maximum extent permitted by the law, I release and indemnify U.S.IHA and their 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, during my participation in the Program, (including periods in transit to or from any country where the program is being conducted.)

I have carefully read this Release Form before signing it. No representations, statements, or inducements, oral or written, apart from the foregoing written statement, have been made. This agreement shall become effective only upon receipt of my application by U.S.IHA and shall be governed by the laws of the land which shall be the forum for any lawsuits filed under or incident to this agreement or to the Program.

Name of Applicant: _____ Today's Date: ___/___/___

I am the parent or guardian of the above Applicant. I have read the foregoing Release Form (including such parts as may subject me to personal financial responsibility), am and will be legally responsible for the obligations and acts of the Applicant as described in this Release Form, and agree, for myself and for the Applicant, to be bound by its terms.

Signature of Parent/Guardian: _____ Today's Date: ___/___/___