

CONSENT AND RELEASE

I, the undersigned, do hereby indicate my desire to participate in the University of Wisconsin-Platteville study-abroad program taking place in _____ during the _____ semester(s) 20 ____.

I have advised the University of Wisconsin-Platteville of my medical history. My doctors have assured me that my medical history presents no impediment to my taking part in this program. I understand that if I become ill, injured, or infirm either as a result of my medical history or as a result of any other reason, I hereby release and hold the University of Wisconsin-Platteville not responsible for any and all damages and for costs that may result from any illness, injury, or infirmity which I may suffer.

I agree and understand that neither the University of Wisconsin-Platteville, its agents, officers, or employees nor any educational institutions associated in this endeavor shall assume any liability for damage or loss of property or for any financial or other obligations incurred by me either in the United States or elsewhere.

I agree and understand that I shall be subject to the supervision and authority of the University of Wisconsin-Platteville, its agents, officers, and employees, and they and each of them shall have the prerogative and the decision respecting the withdrawal of any student, including me, whose conduct or academic standing may warrant such action. I acknowledge and agree that if I am required to withdraw from the program for failure to maintain standards of study or behavior, I will receive no refund of fees. I will no longer have access to any of the program facilities, and I will accept responsibility for transportation costs home.

I understand that the University of Wisconsin-Platteville, its agents, officers, and employees (a) cannot guarantee or assure the safety of participants or eliminate all risks from the study abroad environments; (b) cannot monitor or control all of the daily personal decisions, choices, and activities of individual participants; and (c) cannot assume responsibility for the actions of persons not employed or otherwise engaged by the program sponsor for events that are not part of the program or that are beyond the control of the sponsor, or for situations that may arise due to the failure of a participant to disclose pertinent information.

Further, I hereby agree to release, discharge, save, and hold harmless, indemnify and defend the University of Wisconsin-Platteville, its officers, employees and agents, and each of them from any and all past, present, or future claims, demands, and/or causes of action, which may now or in the future be asserted against any of the aforesaid by me (the undersigned), or by any third party or parties by reason of any accidents, injuries or actions by me while in transit to or returning from or while participating in the study-abroad program located in _____.

I acknowledge that I have read this entire document and understand its terms.

Name (Please print)

Participant Signature

Date