

Academic Year
Study Abroad Application – Statement of Responsibility
University of Wisconsin Law School

**Statement of Responsibility, Release of Liability, Authorization & Acknowledgement
of Risks to participate in Study Abroad and Exchange Programs**

I, _____, hereby indicate my desire to participate in a study abroad/
exchange program in _____ sponsored by the University of Wisconsin-
Madison (“University”) during the period of _____ to _____.
My participation in this program is completely voluntary.

If and/or when I am offered and accept a place in the University's program, I:

- assume full legal and financial responsibility for my participation in the program.
- will be responsible for full program costs (whether already paid or not) as stated in the withdrawal and refund schedule if I withdraw (or am required to withdraw) from the program for any reason once the program has commenced, unless otherwise stated in the program refund policy.
- grant the University, its employees, agents and representatives the authority to act in any attempt to safeguard and preserve my health or safety during my participation in the program including authorizing medical treatment on my behalf and at my expense and returning me to the United States at my own expense for medical treatment or in case of an emergency.
- realize that accident and health insurance, as well as insurance for medical evacuation and repatriation, which are applicable inside and outside of the United States is required for my participation in the program. While my fee for the program includes limited accident and health insurance as well as limited insurance for medical evacuation for the duration of the program while I am overseas, I acknowledge that I am ultimately responsible for obtaining insurance sufficient for my needs while overseas and for treatment in the event I return to the US for medical treatment during or after the program. I understand that the University encourages me to have appropriate insurance coverage for the entire time I am abroad.
- agree to conform to all applicable policies, rules, regulations and standards of conduct as established by the University, any sponsoring institution and/or foreign affiliates, as well as program requirements, to insure the best interest, harmony, comfort and welfare of the program.
- accept termination of my participation in the program by the University with no refund of fees and accept responsibility for transportation costs home if I fail to maintain acceptable standards of conduct as established by the University, the sponsoring institution and/or foreign affiliates.
- understand that the University reserves the right to make changes to the program at any time and for any reason, with or without notice, and that the University shall not be liable for any loss whatsoever to program participants as a result of such changes.
- agree voluntarily and without reservation to forever release from liability, covenant not to sue, indemnify and hold harmless the University, the Board of Regents of the University of Wisconsin System (*Board of Regents*) and their respective officers, employees, and agents from any and all present and future liability, loss, damages, costs, or expenses (including attorney's fees) which do not arise out of the negligent acts or omission of an officer, employee, and agent of the University and/or Board of Regents while acting within the scope of their employment or agency, as a result of my participation in the program, including any travel incident thereto.

- Understand, that although the university has made every reasonable effort to assure my safety while participating in this study abroad program, there are unavoidable risks in travel and study overseas that may not ordinarily be encountered at home or on campus. Those risks include, but may not be limited to:
 - traveling to and within, and returning from, one or more foreign countries;
 - foreign political, legal, social and economic conditions;
 - different standards of civil defense procedures, design, safety and maintenance of buildings, public places and conveyances;
 - local medical and emergency services;
 - local weather and environmental conditions;
 - may result in minor injuries, more serious injuries including broken bones, and in some cases, even death.

I have read the foregoing entire document and have had the opportunity to ask questions about it. I hereby acknowledge that I understand it. Knowing the risks described, and in consideration of being permitted to participate in the program, I agree, on behalf of myself, my spouse, my family, heirs and personal representatives, to assume all the risks and responsibilities surrounding my participation in the program.

I hereby expressly agree that this release and waiver is intended to be as broad and inclusive as permitted by the laws of Wisconsin and that if any portion is held invalid, it is agreed that the balance of the agreement shall continue in full legal force and effect.

THIS AFFECTS YOUR LEGAL RIGHTS. PLEASE READ BEFORE SIGNING.

Please initial and date previous page and sign below:

Participant's Signature

Date

Participant's Name (please print)

UW-Madison ID Number