

Country I am in _____ and that the violation of any such law may result in the immediate withdrawal of my participation in the Program.

I understand that although the University will attempt to maintain the Program as described in its publications and brochures, it reserves the right to change the Program, including the itinerary, travel arrangements, or accommodations, at any time and for any reason, with or without notice, and the Releasees will not be responsible or liable for any expenses or losses that they sustain because of these changes.

I understand that although the University has made reasonable efforts to protect my safety while participating in the Program, there are unavoidable risks of travel overseas.

I understand that the University is not responsible for my safety while participating in the Program, there are unavoidable risks of travel overseas.

I understand that the University is not responsible for my safety while participating in the Program, there are unavoidable risks of travel overseas.

I am responsible for the cost of any such emergency medical treatment that is not covered by my international insurance policy. I understand that Initials: _____

I understand that the University will only grant me academic credit for programs that the University has agreed in writing to accredit and for which I have fulfilled the academic requirements.

I understand that I am solely responsible for obtaining all documents necessary for travel including but not limited to a passport or visas.

I of this _____

Agreement to be unenforceable, all remaining provisions of this Agreement will remain in full force and effect.

I represent that my agreement to the provisions herein is wholly voluntary, and I further understand that prior to signing this Agreement, I have the right to consult with the adviser, counselor, or attorney of my choice.

I agree that should there be any dispute arising from or related to my participation in the Program, I shall require the adjudication of a court of law, venue will lie in Duval County, Florida, and the cause of action will be determined in accordance with the laws of the State of Florida.

ACKNOWLEDGMENT AND ASSUMPTION OF RISKS OF PARTICIPATION IN FOREIGN STUDY

("Acknowledgment")

By signing below, I acknowledge that I understand and agree to the following:

- The _____ of study at The University of North Florida ("University") includes components that necessitate my foreign travel, study, and accommodations abroad (collectively, "Foreign Study") during program semesters.
- I have been educated by UNF staff in ~~the~~ physical risks associated with my Foreign Ssk1(o)-12 (and (by).3(e)-12(i)3) ~~and~~