the United States. I agree that I will arctaccordance with thlaws, regulations, and rules of the Fountry I aramid that he violation of any such law may result in the immediath G L V F R Q Wiffin Addition in the Program.

I understand thatIthough the University will attempt to aintain the Program as describined publications and rochures, it reserves the right to change the Program, including the itinerary, travel arrangements, or accommodations, time and for any reason, with or without notice, and the Releasees will not be responsible or liable or any expenses or losses that ay sustain because of these changes.

, XQGHUVWWKORO, OS QWLMHENWHWLWWHWWKORWRLOQLOSAEFURWLOCFLWSDO WBRORO, OG DRFU DFFREFWRDOD) WWLEFROMD FWKIRROO WG RU EHKDYLRU LQ WKHWKIR OSHO, LGALHWFWLHWWGGERROODS)PDOEFKORWUN FSEURWUUN FWRMKMKEIDO WHKMKEIDO WHRU UHDOPGIDOQ JOHOU. P\VWO I RWKI IDFXOW\RU VWDDIJU, QHWMFROD WYOUHHOWOFO QO VLEOH IRU WKH HQWMRUJAWWRHEIV DVPDDOQOG HR, SUQIDOROMANKAEDEWROQORDWWODHOG EH HQWLWOHG WR DQWLKEIDMO, QOERWFHDLOQOWKKH HOUDD DWHUFHSIDID FWLEF/LSCID WELROQWLLOQ XWHKOH 3, UDRROQUGHXVFSHRQQQIGE OVK FRVWVRIP FRQGXFW LQFRORKOG LQBRGEIX OWJQBOWGO WRULDWOHVOS RWURWD WLBQD RGJXUD LPQJ WKH UHPDLQGHU RI

I understand that although the University has made reasonable/efforcing GUHVV my safety while participating in the Program, there are unianvoidable risks traveloverseas , IRW HDOQICRDIOSONU VFROODVLTP/LKQUJAPXHIZIOSLYUHHOBIOLOGIDHOUFFROEDWINGTHOUFFROODVLTP/LKQUJAPXHIZIOSLYUHHOBIOLOGIDHOUFFROEDWINGTHOUFFROEDW

I understand that the University Dp ޕm d∈ H`ð∈R

of or in connection with such emergencynedical treatment. I understand that I am responsible for the cost of any such emergency medical treatment that is not covered by my international insurance policy.

Initials KHUHBBBBBB

I understand thathe University will only grant me academizedit 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 aduments necessar for travel including but not limited to a passport or visas.

I of this

Agreemente foundto be unenforceable, all remaining provision this Agreement will remain in full force

and effect.

I representhat my agreement to the provisions herein is wholly voluntary, a further understand that prior to signing this Agreement, have the right 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 Programoulldatequire the adjudication account of law, venue will lie in Duval County, Florida, and the account of law, venue will lie in Duval County, Florida, and the account of law, venue will be determined accordance with the laws

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 \$2221\$120 ysical risks associated with my Foreign Ssk1(o)-12(and (by).3(e)-12(i)3)482