

I have or will secure health insurance to provide adequate coverage for any and all injuries or illnesses that I may sustain or experience while participating in the \$ F W L Y L W \, including but not limited to medical evacuation or repatriation. I have confirmed that insurance coverage will adequately cover me while outside of the United States. Neither the University nor the State of Florida maintains any such insurance coverage for my benefit, and I release The University of North Florida Board of Trustees, the Florida Board of Governors, the State of Florida and their officers, employees, representatives and agents ("Releasees") from any responsibility or liability for expenses incurred by me for injuries or illnesses that I may suffer while participating in the \$ F W L Y L W \

Participant (Parent/Guardian) Initials: \_\_\_\_\_

The Host and the University are independent and unrelated entities. While the University may have affiliated with the Host for the purpose of enabling student \$ F W L Y L W L H V, the University has no ultimate responsibility for the Host's program, itinerary, travel arrangements, accommodations or like.

I understand that the University and the Host reserve the right to discontinue my participation in the Program and/or accommodations at any time should my actions or behavior, in the sole discretion of the University or Host, impede or obstruct the progress of the Program in any way or endanger myself, other participants, faculty or staff. In such event I agree that I remain responsible for the entire cost of expenses related to the Program and accommodations and that I will not be entitled to any refund.

The University is obligated to grant me academic credit only for courses for which I have satisfactorily fulfilled the academic requirements.

There are unavoidable risks in travel abroad. I waive and release, and discharge Releasees from and against any and all liability, claim or action whatsoever arising out of or related to any injury (including death), loss or damage that I may sustain, whether caused by the negligence of the Host, the Releasees or others, in connection with my travel to or in the Host Country and/or in connection with my presence or activities with the Host or in the Host Country. I covenant not to sue Releasees for any such injury, loss or damage, and I will indemnify and hold Releasees harmless from same, including court costs and attorneys' fees. It is my express intent that this Agreement will bind members of my family and spouse if I am alive and will bind my estate, family, heirs, personal representatives, or assigns, if I am deceased, and will be deemed a release, waiver, discharge and covenant not to sue Releasees from any claim by me or my family, arising out of my participation in the \$ F W L Y L W \. Releasees will not be responsible or liable for any loss, damage or expense that I may sustain because of changes from the representations in the Host's publications and brochure.

Participant (Parent/Guardian) Initials: \_\_\_\_\_

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

Under the Family Educational Rights and Privacy Act of 1974, 20 U.S.C. §1232g, and its implementing regulations, 2 C.F.R. Part 99 ("FERPA"), and Section 228.091, Florida Statutes, and University Rule

