

**IOP or UC SUMMER ABROAD PARTICIPATION
CONFIRMATION & LIABILITY WAIVER**

INSTRUCTIONS: Submit the below items to the Study Abroad Center once you have been admitted to your program. These can be submitted via email studyabroad@uci.edu, in person, or via postal mail to the UCI Study Abroad Center: 1100 Student Services II, Irvine, CA 92697-2475.

- This form (confirmation & waiver), completed and signed
- A copy of your acceptance notification from your program
- A copy of your e-mail registration in the UC Traveler Insurance: <https://ehs.ucop.edu/away/>
- Note:** Please submit the confirmation e-mail from WorldCueTraveler@ijet.com, **NOT** the member ID card

NAME: _____ **STUDENT ID:** _____
(Last) (First) (M.I.)

NAME OF YOUR PROGRAM PROVIDER: _____
(e.g. International Studies Abroad, Semester at Sea, UC Davis Quarter Abroad, etc.)

HOST INSTITUTION (If different than above): _____

LOCATION (City & Country): _____ **PROGRAM TERM:** _____

PROGRAM TYPE:			PROGRAM DATES:
Study	Internship	Volunteer	Program start date: _____/_____/_____
Work	Teaching	Research	Program end date: _____/_____/_____

Do you plan to return to UCI upon completion of your program? YES NO

Your Preparation:
HEALTH & TRAVEL INSURANCE (You must have insurance while abroad):

- Name of health insurance provider while abroad: _____
- You must be enrolled in UC Traveler Insurance. Provide a copy of the printout from your registration.

EMERGENCY CONTACT IN USA: _____

	<i>Name</i>	<i>Relationship to participant</i>
Home Phone:	_____	Work Phone: _____
Cell Phone:	_____	E-mail: _____

Check ONE BOX for each of the categories below:

Academic Credit:

I understand the processes of how to get credit and how to fulfill degree requirements at UCI for the classes I will be taking on this program and have started the required processes. **OR** I will not be receiving credit at UCI for this program.

Financial Aid:

I have read the Financial Aid information online & have started the required processes to receive aid for this program. **OR** I will not receive Financial Aid for this program.

PARTICIPANT LIST:

The "Participant List" contains the names and contact information of UCI students who are participating in programs in your host country at the same time you are. Only UCI study abroad participants and international students can access this list. To obtain access to the Participant List, go to: <http://web.due.uci.edu/cie/ParticipantList.asp> Students are constantly being added, so keep checking back to get the most updated list.

I authorize my phone number and e-mail address to be included on the Participant List.: YES NO

Signature Date

Participant's Name: _____
Please Print

**UNIVERSITY OF CALIFORNIA, IRVINE
INTERNATIONAL OPPORTUNITIES PROGRAM (IOP) & UC SUMMER ABROAD**

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

WAIVER: In consideration of being permitted to participate in any way in

Name of Study Abroad Program, Location & Term Abroad: _____
and any associated activities, including but not limited to field trips, cultural opportunities, and recreational opportunities, hereinafter collectively called "The Activity," I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue The Regents of the University of California, its officers, employees, and agents from liability from any and all claims including the negligence of The Regents of the University of California, its officers, employees and agents, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in The Activity.

Signature of Participant	Print Name	Date
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<i>If under 18 years of age</i> , signature of Parent/Guardian	Print Name	Date
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Assumption of Risks: Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in The Activity. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD The Regents of the University of California HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in The Activity and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

Signature of Participant	Print Name	Date
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Participant's Age (if a minor) _____

<i>If under 18 years of age</i> , signature of Parent/Guardian	Print Name	Date
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Return the completed original to:

Study Abroad Center
1100 Student Services II
University of California, Irvine
studyabroad@uci.edu