

NON-UIW PARTICIPANT AGREEMENT



IMPORTANT: ENTIRE AGREEMENT MUST BE COMPLETED.

PLEASE READ THROUGH INSERTS THOROUGHLY.

Study Abroad Office
International Conference Center (Office F111)
847 E. Hildebrand, San Antonio, TX 78212
Phone: 210-805-5709
E-mail: studyabroad@uiwtx.edu

Non-UIW Participant Agreement

Please complete and submit packet to the UIW representative overseeing the program.

I. Traveler Information:

Name: _____

Permanent Address: _____

Age: _____ Date of Birth: _____

Primary E-mail: _____ Phone Number: _____

Course (if applicable): _____ Instructor (if applicable): _____

Destination City & Country: _____

Dates traveling abroad: _____

Documents to Submit:

- 1) Copy of your passport

I, _____, understand and acknowledge:

- the International Affairs Office, at the University of the Incarnate Word (UIW), defines a Non-UIW Participant as an individual who is not a full-time administrator, full-time faculty, and/or a registered student permitted, by an authorized UIW representative, to participate in a UIW sponsored international program;
- I understand due to the type of program, responsibilities, and/or other factors the Vice President for International Affairs in collaboration with the supervisory dean reserve the right to limit or deny my participation in the UIW sponsored International Program;
- the international program is a UIW sponsored program and involves international travel;
- I am physically and mentally capable of traveling internationally;
- the UIW international program may be part of a class and students may be participating in this program;
- I am fully responsible of all costs (including miscellaneous expenses), travel arrangements and planning. Any financial arrangement and/or agreement must be approved by the UIW representative before the start of the program;
- the Vice President for International Affairs, dean, academic advisor, and/or the supervising faculty member may, at his or her absolute and **sole discretion**, revoke my participation in the program at **any point**, either before the day of travel, at the point of departure, or at any time during travel. If during the trip my participation is revoked, I will no longer be allowed to participate in the program;
- the Study Abroad Office, Academic Dean, UIW Representatives and/or lead professor(s) will have access to this agreement and supporting documents.

Signature: _____

Date: _____

II. Student Waiver, Indemnity, and Release Agreement

Authority: I am a student at the University of the Incarnate Word (UIW) that will be participating in an International Program described above. I am not required to participate in this International Program; my participation is voluntary. I represent and acknowledge by my signature below that I am at least eighteen (18) years of age and am fully competent to sign this Release, Waiver of Liability and Hold Harmless Agreement (Agreement). I acknowledge I am signing this Agreement on my behalf and I agree to be bound by its terms.

Personal Insurance: I understand I am responsible for purchasing international medical and travel insurance. It is my responsibility to purchase adequate insurance coverage specific for the locations and/or international travel.

Medical Treatment and Expenses: I authorize UIW to arrange for medical care and treatment for me if I become ill or incapacitated, without incurring any liability. I authorize UIW to take actions it deems necessary, including securing medical treatment and transporting me to the United States, **all at my own expense**. I release UIW from any liability for the quality, timeliness and outcome of any such medical care received or for any expenses incurred.

Transportation: I understand and acknowledge UIW does not and cannot guarantee the safety and/or security of any transportation that may be utilized as a result of my participation in this International Program.

Assumption of Risk: I acknowledge and accept the transportation and participation in this program may expose me to hazards and risks to my health, illness, including communicable diseases such as COVID-19, injury or death, and that UIW cannot control all of these risks. I acknowledge and certify that I know of no medical reason why I should not participate. I agree while participating in this Program, I will abide by the guidelines set forth in the UIW Student Code of Conduct and will adhere to all state and federal laws, and other applicable rules, regulations, and laws. I agree that if I am no longer participating in the program due to any reason, including but not limited to, being expelled for not meeting my financial obligations and/or deadlines, breaking host/home country laws, and/or deciding to drop from the course/university while I am abroad, that I am an independent traveler and I will not hold the university responsible for any occurrences while traveling independently in the host country(ies). I understand UIW will not be responsible for any medical expenses associated with any property or personal injury I may sustain. I certify I have read and understand the section titled "Statement of Activities while Studying Abroad" and am able to perform the activities listed on the document and/or have requested disability accommodation for this international professional development program within the required time frame.

COVID-19: I understand that by participating in this Program, I assume the risk of contracting or spreading COVID-19. I agree to take precautions and follow applicable guidelines in order to minimize such risks.

Release: In consideration of UIW permitting me to participate, I release UIW, and its Board of Trustees, officers, employees, and representatives from any and all liability to me, my personal representatives, estate, heirs, and assigns for any and all claims, demands and causes of action for any and all loss of personal property or injury to me, including my death, in any way connected with this this International Program, **including injuries caused by negligence of UIW and/or its Board of Trustees, officers, employees, and representatives, or any other participant in the field trip/activity** that may be sustained by me while participating in such field trip/activity, or while on premises owned or leased by UIW.

Indemnity, Hold Harmless, and Waiver: I agree to indemnify and hold harmless, waive and covenant not to sue UIW and its Board of Trustees, officers, employees, and representatives from liability for illness, including communicable diseases such as COVID-19, the injury or death sustained by me or any person(s) and damage to property that may result from my or another person's negligent or intentional act or omission in while participating in the Program or as an independent traveler and/or any travel incident thereto. It is my express intent that this covenant not to sue and agreement to hold harmless shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the State of Texas.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND THAT IT IS A RELEASE, WAIVER AND HOLD HARMLESS OF LIABILITY AND INDEMNIFICATION OF ALL CLAIMS AND CAUSES OF ACTION FOR ANY ILLNESS, INCLUDING COMMUNICABLE DISEASES SUCH AS COVID-19, INJURY OR DEATH TO MYSELF THAT OCCURS WHILE PARTICIPATING IN THE INTERNATIONAL PROGRAM AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY, INCLUDING COMMUNICABLE DISEASES SUCH AS COVID-19, FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY NEGLIGENT OR INTENTIONAL ACT OR OMISSION. THIS DOCUMENT WILL BE CONSIDERED EFFECTIVE ON THE DATE SIGNED.

Student Participant Signature: _____

Date: _____

III. Alcohol and Illegal Substance Policy

In order to protect the educational environment and safeguard the health and well-being of the individual and the community, the policy concerning alcohol and illegal substance will be as follows:

Alcohol Policy

- The national/local laws of the host country govern your behavior while you are visiting the country.
- At all times, you are responsible for the consequences of your behavior. If the consumption of alcohol causes or influences you to subsequently violate university policy, program rules, local laws, and/or otherwise engage in conduct that is harmful to the reputation of the university or program (as judged by the faculty leader(s), academic advisor, and/or assigned supervisor) you may be expelled from the program at your own expense. Upon returning, you may also face disciplinary actions, including, but not limited to, receiving a failing grade for the class, academic probation, and/or expulsion from the University.

Illegal Substance Policy

- The University of the Incarnate Word and all study abroad programs, including international programs, prohibits the unlawful manufacture, distribution, dispensation, possession, promotion, sale, or use of illegal drugs or other illegal substances, illegal paraphernalia, or look-alike (simulated) illegal drugs.
- The possession, use, sale, or other distribution of narcotics, hallucinogenics or controlled substances (except as permitted by law) during the international program by any student, employee, or visitor, will be considered a serious offense.
- The use, sale, or possession of any drug paraphernalia, including, but not limited to, water pipes, bongos, and hypodermic syringes/needles not prescribed by a licensed physician will be subject to disciplinary action.
- Participants who are traveling with prescription medication are required to have their doctor's note verifying the use of medications.
- If the illegal substance policy is violated, you may be banned from participating in the international program at your own expense.
- The penalties for illegal substances in some countries may be more severe than in the United States and commonly include deportation, fines, jail time and, at times, the death penalty.

In the event I require legal representation in the host country, I understand I am responsible for seeking and acquiring legal representation. I am solely responsible for any and all legal fees. Furthermore, I agree to hold harmless, waive and covenant not to sue UIW and its Board of Trustees, officers, employees, and representatives from liability for the injury or death sustained by me or any person(s) and damage to property that may result from my negligent or intentional act or omission in while participating in the Program or as an independent traveler and/or any travel incident thereto. It is my express intent this covenant not to sue and agreement to hold harmless shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the State of Texas.

By signing this portion of the agreement, you are stating that you understand and acknowledge the Alcohol and Illegal Substance Policy and you are fully aware of the legal, financial and academic consequences.

Signature: _____ Date: _____

IV. HEALTH DISCLOSURE

In the event of any medical emergency as determined by UIW and/or a medical provider, I hereby grant UIW and its representative's full authority to take any action deemed necessary to protect my mental and/or physical health, **at my own expense**. Actions may include, but not limited to, placing me under the care of a medical doctor, admitting me in a hospital or any place for medical examination, and/or treatment. After medical attention has been administered, UIW representatives have the sole discretion to require me to return to the United States at my own expense. In the event that I return to the United States, I understand that I cannot recover any money paid for and/or in connection with the program. Should the need arise, UIW representatives are authorized to provide any personal information to any health care provider.

I understand if I fail to disclose any physical and/or mental issues that may affect my full participation in the international program; I take full responsibility for my actions and/or inactions. Furthermore, I understand I may be barred from participating in the program, at my own expense, if my behavior and/or actions disrupt the harmony of the group, compromises the reputation of the university, and/or puts others or myself in danger. Also, I acknowledge and attest I am physically and mentally prepared to participate in activities that are typically experienced by overseas travelers, such as, but not limited to, walking longer distances compared to my home country, standing in line, sitting for an extended period of time, waiting in international airports, interacting with people from different cultures and backgrounds, and/or coping with normal stressful situations that international travelers experience during overseas travel, such as language barriers, eating different foods, observing new and different customs and practices.

Please read and follow all instructions for completion. **FULL DISCLOSURE REQUIRED**. The information on these forms will assist health care providers in the event of a medical emergency. It is very important that this is completed fully and accurately. If a section is not applicable, enter N/A.

Primary Care Physician: _____
Office Phone: _____
Insurance Carrier: _____ Policy Number: _____

Please use this space to inform UIW on your medications in use at present. Please specify special requirements if any.

Do you have any drug or food sensitivities or allergies? If yes, please explain (condition, treatment).

I verify all information in this health disclosure is complete, accurate and true. I acknowledge that, ultimately, I am responsible for my own physical and mental well-being.

In the event of a medical emergency in which I become incoherent or incapable to make decisions, I authorize UIW representatives to take actions deemed necessary or to arrange for professional medical care on my behalf, at my own expense. In addition, I authorize UIW representatives to notify my emergency contact(s) found on this agreement.

I understand providing accurate information is an important part of fulfilling my responsibilities.

Signature: _____ Date: _____

Please read and initial each statement. Initialing each statement indicates you understand and agree.

V. Statement of Activities while Participating Abroad

- a. _____ I acknowledge and certify I am capable of performing the following activities or otherwise engaging in such activities during my international program experience. Activities may include, but are not limited to:
- Extensive travel (i.e., possible overnight travel, unplanned or unforeseeable itinerary changes, etc.)
 - Using various modes of transportation (i.e., cars, trains, buses, planes, boats, bicycles, etc.)
 - Walking long distances
 - Walking up/down hills/stairs
 - Standing/sitting for a long period of time
 - Waiting in line
 - Lifting and/or carrying your personal luggage (i.e., luggage weighing up to 50 to 70 lbs.)
 - Nonstandard meal times
 - Unfamiliar foods or limited dietary options
 - Limited medication availability or medical care options

Other activities that are unique to this international program: _____

VI. Independent Traveler

- a. _____ I understand I may be traveling alone during or for the entire duration of the program. During the period of time I am not part of a group or under faculty/guide's supervision, I am assuming full responsibility for my safekeeping and welfare. I hereby release and discharge and agree to hold harmless UIW Board of Trustees, The College, and their officers, employees, agents and representatives from any and all liability and legal obligations regarding my own personal welfare. This release also shall bind my heirs, executors, administrators and assigns who might benefit from my well-being. To the maximum extent permitted by the laws of the State of Texas and any other state, I agree to defend, indemnify, and hold UIW, their Board of Trustees and each of their trustees, officers, employees, agents and representatives free from and against all claims, liability, loss and expense, including reasonable attorney's fees and court costs, which may arise because of my conduct including the negligence, misconduct or other fault of myself during all periods of time when traveling independently.

VII. Health

- a. _____ I understand it is my responsibility to consult with my doctor prior to departure to obtain any vaccination, prescriptions and/or medications I will need for the duration of the program. It is also my responsibility to research the laws of the host country regarding medications I plan to take into the country.
- b. _____ If applicable, I understand professors and/or UIW representatives are **not** medical doctors. Therefore, I am fully responsible for seeking medical expertise before or during the program, if necessary. If I ask or seek the professor's advice regarding any type of medical issue, including minor and/or common ailments, I am doing so at my own risk. Furthermore, I release the professor(s) and/or UIW representatives from any and all liability if I choose to accept a non-medical professional's opinion and/or advice.
- c. _____ I understand it is my responsibility to inquire and become familiar with my international health coverage policy, such as the type/limitations of coverage, amount of deductible or co-pay, and protocol, in case of a medical emergency.
- d. _____ I understand it is my responsibility to have the available (or access to the) financial funds to cover my medical insurance deductibles (if applicable), in case of a medical emergency.
- e. _____ I understand I am responsible for any medical bills and/or fees I may acquire while abroad.
- f. _____ I agree I am fit to travel. I understand if I have any illness or conditions that may prevent me from traveling and participating in group activities, it is my responsibility to consult with a medical physician prior to traveling.

VIII. Financial Responsibility

- a. _____ If applicable, I agree to adhere to the payment schedule outlined by the professor or UIW representative. Failure to pay by the set deadlines may result in late fees, dismissal from the program and forfeiture of previously paid installments. I understand no portion of any funds that I have paid to participate in the program will be refunded at any time for any reason.
- b. _____ I understand the university will not pay any outstanding balances incurred on my behalf during my participation in the international program (i.e. medical bills, hotel room charges, cell phone bills, hospital copayments, etc.). It is my responsibility to settle all balances prior to departing the host country.
- c. _____ If applicable, I understand I am personally responsible for all deposits, payments, and fees in connection with the participation in the international program. All “out of pocket” costs are my responsibility. By initialing this statement and signing this document, I am stating I have sufficient funds to cover my expenses. In addition, I hereby release the University of the Incarnate Word from any financial liability.
- d. _____ If applicable, if I fail to meet my financial obligations, I am fully aware of the potential consequence, including, but not limited to, late fees, cancellation of excursions, and/or removal from the international program. If I am barred from the program while abroad, I acknowledge the University will not provide room, board and travel, and I will be responsible for securing my own return transportation, travel, room and board. If I am barred from the program while abroad, I acknowledge I will be independently in the host country, and I agree to indemnify and hold harmless, waive and covenant not to sue UIW and its Board of Trustees, officers, employees, and representatives from liability for the injury or death or property damage I or another person(s) may sustain as a result of my negligent or intentional act or omission while participating in this Program or as an independent traveler and/or any travel incident thereto.

IX. Cancellation or Withdrawal

- a. _____ I understand if for any reason, I decide to return prematurely, I am responsible for all repercussions and accept any consequences and/or fees associated with my premature return, including but not limited to, paying any outstanding balances to third party entities and/or the University of the Incarnate Word and/or in connection with the program and/or arranging travelling independently of the group.
- b. _____ If applicable, I understand that if I decide to stop participating with the group and no longer allowed to participate with the group, due to, but not limited to, violations of host/home country laws or not meeting my financial responsibilities, etc. and/or the lead professors decision, I will be considered an independent traveler. If I am barred from the program while abroad, I acknowledge that the University will not provide room, board and travel, and I will be responsible for securing my own return transportation, travel, room and board. As an independent traveler, I agree to indemnify and hold harmless, waive and covenant not to sue UIW and its Board of Trustees, officers, employees, and representatives from liability for the injury or death of me or any person(s) and damage to property that may result from my or another person’s negligent or intentional act or omission while participating in the Program or as an independent traveler and/or any travel incident thereto.

X. Passport & Visa

- a. _____ I understand that it is my responsibility to obtain/ renew my passport. I understand my passport must be valid for a minimum of 6 months after the completion of my trip abroad.
- b. _____ I understand that, if a visa is required, it is my responsibility to research and acquire the necessary visa and/or documents required to enter the country or countries that I plan to visit.

XI. Insurance

- a. _____ I understand UIW requires all participants to purchase Cultural Insurance Services International (CISI) and International SOS (ISOS); See page 11-16 for details.

- b. _____ I understand a basic and limited international health and travel insurance plan may be purchased on my behalf. It is **my responsibility** to purchase additional health and travel insurance coverage, if I choose to increase insurance coverage.
- a. _____ I understand international medical facilities may require full payment, initial fees, and/or co-payments. I understand that I may pay for these fees out of my own pocket. It is my responsibility to follow up with the insurance company to file my claim in order to pursue reimbursement.
- b. _____ I understand if I am injured as a result of partaking in risky activities (i.e., snowboarding, skydiving, bungee jumping, etc.), my medical expenses may not be covered by the insurance plan.
- c. _____ I understand if I am injured as a result of partaking in illegal activities (i.e., stealing, drugs, etc.), my medical expenses may not be covered by the insurance plan.
- d. _____ I am fully responsible for any and all costs that my international health and travel insurance does not cover.

XII. Safety

- a. _____ University policy does not permit students to study in a country (and specific locations) with a U.S. Department of State travel advisory level of 3 or above. In the event a travel warning is issued and the university cancels study abroad programs to that location during my planning or while abroad, I understand I may have to cancel my study abroad or return to the states, at my own expense. I further understand it is my responsibility to obtain adequate travel insurance to cover such circumstances.
- b. _____ I am aware there are certain risks inherent in any kind of travel. I am responsible for my own safety at all times. Engaging in high risk activities will increase my chances of being physically injured. (i.e., snowboarding, bungee jumping, skydiving, etc.)
- c. _____ I am aware and agree that information regarding the requirement to purchase CISI and International SOS (ISOS) has been provided. See page 11-16 for further details.

XV. Code of Conduct

- a. _____ While participating in the international program, I am a Non-UIW participant; however, I am representing the University of the Incarnate Word. Any violation of the policies and procedures of UIW and/or violation of the host country laws could result in being barred from participating in the program.
- b. _____ I understand I must adhere to the laws of my host country. In the event I require legal representation in the host country, I understand I am responsible for seeking and acquiring legal representation. I am solely responsible for any and all legal fees. Furthermore, I agree to hold harmless, waive and covenant not to sue UIW and its Board of Trustees, officers, employees, and representatives from liability for the injury or death sustained by me or any person(s) and damage to property that may result from my negligent or intentional act or omission in while participating in the Program or as an independent traveler and/or any travel incident thereto.
- c. _____ I understand I may also be dismissed from the International Program and returned to the United States at my own expense in the event the UIW representative determines in its absolute and sole discretion that I cannot continue in the Program due to my physical or mental condition, or that my conduct is detrimental to or in conflict with the Program or out of harmony with the best interest of the group as a whole.
- d. _____ I understand I may be prohibited from participating in the international program, at any time, including before departure, without any reimbursement of any fees, deposits and/or payments, as a result of my actions, such as, but not limited to, violation(s) of State and/or Federal Laws, and/or other actions and consequences that may deter or prevent my full participation in the international program.
- e. _____ If applicable, I agree to participate in all activities during the international program (unless otherwise given permission by the professor or UIW representative). I understand failure to participate in activities or not arriving on time for scheduled events could result in my dismissal from the program.

- f. _____ I agree to adhere to all rules implemented by the professor and/or UIW representative (if applicable). I understand failure to abide by these rules could result in my dismissal from the program.
- g. _____ I understand it is my responsibility to research travel alerts and/or warnings of the country and/or countries I plan to visit. Furthermore, I understand that I will be adhering and following UIW's international policies regarding traveling to a country where a travel warning has been issued by the U.S. Department of State.
- h. _____ I understand the following are unacceptable and engaging in any of them constitutes grounds for dismissal and/or prohibited from participating in the program. I understand that I may be asked to return to the United States, at my own expense, at the absolute and sole discretion of the UIW representative(s) on site:
- Behavior that disturbs other persons in the program or other persons in the hotel or other accommodations;
 - Breaking the law(s) of the host country or violation of the policies and procedures of UIW;
 - **Posting, sharing, disseminating photos, videos, and/or other multimedia sources that are inappropriate, offensive;**
 - Failure to participate in field trips or other activities of program (if applicable);
 - Any use of and/or involvement with illegal drugs;
 - Abuse of alcohol.

I have carefully read and understand each statement I initialed and sign this agreement with full knowledge of each statements' implication for my actions/non-actions.

Signature: _____ Date: _____

CONSENT TO RELEASE INFORMATION ABOUT TRAVELER

Participant's Full Name: _____

- I authorize employees, agents, and representatives of the University of the Incarnate Word (UIW) and the host institution abroad to release to the United States Government and to the host institution abroad, and their employees, agents, and representatives, information in the possession of UIW regarding my location, status, welfare, intentions, or problems.
- I further authorize UIW to release to those persons named below, information in the possession of UIW regarding my location, status, welfare, intentions, or problems.
- I grant permission to the officials of the University of the Incarnate Word to provide copies of written records, permit inspection and review of the contents of my education records, and/or to discuss my academic performance in connection with my international program with the following person(s) as authorized by the Federal Educational Rights and Privacy Act.

NOTE: English is universally accepted as the business language; therefore, at least one person below must be an English speaker. If applicable, please state the English speaker first.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

It is my intention in executing this Consent to Release Form to permit UIW, the U.S. Government, and the host university abroad to provide the information described above to the parties identified above without being found in violation of any applicable U.S. laws and the Family Rights and Privacy Act of 1974 (FERPA), which provides for the confidentiality of student education records.

This Consent to Release remains in effect until you provide written revocation of your Consent to Release.

Signature: _____ Date: _____

International Program Emergency Contact Form

I, _____, authorize employees, agents, and representatives of the University of the Incarnate Word (UIW) and/or other third party entities, representatives and providers (in connection with resolving the emergency) to contact the following person(s) in case of emergency or in any case when information of my whereabouts or situation needs to be discussed or disseminated:

It is highly recommended that at least one of your emergency contacts have a valid passport, with at least 1 year before expiration, in case emergency travel is required.

Primary

Name(s): _____

Relation(s): _____

Daytime Phone: _____ Night time Phone: _____

Cell Phone: _____

Address: _____

Personal E-mail: _____

Work E-mail: _____

Secondary

Primary

Name(s): _____

Relation(s): _____

Daytime Phone: _____ Night time Phone: _____

Cell Phone: _____

Address: _____

Personal E-mail: _____

Work E-mail: _____

Signature: _____ Date: _____

CISI Insurance Order Form

Cultural Insurance Services International (CISI) is the leading provider of study abroad and international student insurance coverage. CISI offers 24/7/365 worldwide assistance services – a resource for everything from a lost passport to an emergency evacuation. CISI assistance service has doctors and translators on staff, providing toll-free, worldwide access to benefits, providers, and emergency assistance. Detailed information can be found at <https://www.culturalinsurance.com/>

CISI INCLUDED IN PROGRAM PRICE INSTRUCTIONS: All Non-UIW participants, participating in a UIW international sponsored program are required to purchase CISI insurance. The Study Abroad Office or Faculty leader may assist you in acquiring this insurance. Please fill out the following information.

Last name as it appears on passport: _____

First name as it appears on passport: _____

Phone Number:

Date of Birth (mm/dd/yyyy):

Gender:

E-mail:

Destination country:

Destination city:

Date leaving (mm/dd/yyyy):

Date Returning (mm/dd/yyyy):__

CISI Insurance, continued

CISI NOT INCLUDED IN PROGRAM PRICE INSTRUCTIONS:

Dependent on the UIW Int'l sponsored program and cost structure, independent travelers may have the option to purchase CISI on their own. Please contact the UIW Study Abroad Office for further instructions, if the int'l program allows you to purchase this required insurance individually.

To purchase on your own:

1. Visit
2. Select the "Enroll Now" box in the upper right-hand corner.
3. You will be guided through the following pages
 - a. Agreement
 - b. Choose a State
 - c. Find a Plan
 - d. Choose a Plan
 - e. Privacy Consent
 - f. Personal Data
 - g. Payment
 - h. Confirmation

The University of the Incarnate Word representatives, including International Affairs, Study Abroad Office, Faculty-leader, and/or executive members reserve the right to refuse any independent traveler(s) from participating in the UIW international sponsored program if they refuse to purchase CISI insurance.

By signing this document, I understand and agree to the following:

- I have received information regarding the steps and process of purchasing CISI International Health Insurance. Instructions found on this page.
- I acknowledge that I am required to purchase CISI International Health Insurance to participate in this program **and** if I choose not to purchase CISI International Health Insurance, I may not be allowed to participate and accept any and all responsibilities due to medical issues that may arise during my participation in this international program.
- I am responsible for fees that I may incur (i.e., co-pay, services that may not be covered by the provider, etc.).

Signature: _____ Date: _____

International SOS

WEBSITE: <https://www.internationalsos.com/>
ASSISTANCE CENTER: (215) 942-8478

As an independent traveler, participating in a UIW sponsored Int'l program, you are required to be enrolled in ISOS and will be automatically billed \$75.00 for ISOS.

International SOS (ISOS) is an international traveler's **first** phone call whenever an issue, regardless of the severity, arises. ISOS helps travelers address immediate issues, in addition to mitigating risks while traveling abroad and their associated costs. ISOS offers comprehensive service, reports, training videos, alerts and 24/7 international assistance service. Advice from their medically qualified and security experts is immediate and unlimited.

Depending on the cost structure of the program, a UIW representative or the Study Abroad Office will process your payment of \$75.00 (USD) for International SOS. Upon receipt of payment, you will have access to a global network of 27 Assistance Centers. This assistance program will provide expanded protection to deal with travel, medical and security needs that might arise anywhere across global markets. ISOS doctors, security experts and assistance coordinators are available 24/7 to provide advice in your language, and to support you in case of emergency.

Before you travel:

- 1. Download the International SOS Assistance App on your smartphone.**
 - Easy access to your local Assistance Center, in an emergency and for everyday advice
 - Expert medical, security and travel assistance
 - Receive the latest information about your destination
- 2. Connect to the International SOS Information Portal.**
 - Consult Country Medical Guides and Travel Security Online for your destination
 - Subscribe to medical, travel and/or email alerts
- 3. Call the International SOS Assistance Center for medical or security questions.**
 - Assistance Centers are 24/7/365 call centers staffed by doctors and nurses, security experts, multilingual coordinators, and logistics support personnel.
 - As a member you get 24-hour expert advice and assistance.

In an emergency:

- Call an Assistance Center immediately. Call an Assistance Centre which is local to you via the International SOS mobile app.
- International SOS will provide immediate advice and then start making necessary arrangements.
- International SOS will coordinate emergency medical care or security support.

*For UIW faculty, staff and students, there is no additional cost for International SOS. Independent travelers are required to purchase ISOS. Please contact the UIW Study Abroad Office to obtain additional instructions or information.

I _____ am an independent traveler (non-UIW international program participant) who is accompanying a UIW sponsored study abroad program. By signing this document, I understand and agree to the following:

By signing this document, I understand and agree to the following:

- I have received information regarding the requirements, steps, and process of International SOS (ISOS). Instructions found on page 13.
- I acknowledge that I am required to purchase International SOS (ISOS) through UIW to participate in this program **and** if I choose not to purchase International SOS (ISOS), I may not be allowed to participate.
- I accept any and all responsibilities due to international issues that may arise during my participation in this international program.
- I am responsible for fees that I may incur (i.e., co-pay, services that may not be covered by the provider, etc.).

Signature: _____ Date: _____

**PODCASTING, PHOTOGRAPHIC, AND OTHER MEDIA
CONSENT AND RELEASE FORM**

I authorize and grant to the University of the Incarnate Word (UIW) and those acting pursuant to its authority, a non-exclusive, perpetual, worldwide license to:

1. Record my participation, likeness and/or voice on a video, audio, photographic, digital, electronic, hosted media, web-based service or any other medium, including podcasting;
2. Use my recorded likeness and/or voice on a video, audio, photographic, digital, electronic, hosted media, web-based service or any other medium, including podcasting;
3. Use my name and identity in connection with these recordings;
4. Use, reproduce, exhibit, or distribute in any medium (e.g. print publications, video tapes, CD-ROM, Internet, podcast) my recorded likeness and/or voice on a video, audio, photographic, digital, electronic, or any other medium without restrictions or limitations for any educational or promotional purpose which UIW and those acting pursuant to its authority, deem appropriate, including promotional efforts.
5. Distribute the medium over the internet using formats that allow downloading and playback on mobile devices and personal computers, for the purpose of making the work available in any format through iTunes or other web-based service.
6. Make and maintain more than one copy (hard-copy and/or digital copy) of the work for purposes of security, back-up and preservation.

I release UIW and those acting pursuant to its authority, from liability for violation of any personal, intellectual (including copyright) or proprietary rights I may have in connection with uses of the recordings authorized above. To the extent required, I hereby grant and assign all copyright in the podcast, video, audio, photographic, digital, electronic, or any other medium utilized to UIW. I waive any right to inspect or approve the final use(s) of the video, audio, photographic, digital, electronic, podcast or any other medium. As to the video, audio, photographic, digital, electronic, podcast itself, or any other medium, I understand and agree that UIW shall have exclusive ownership of the copyright and other proprietary and property rights in the work.

I waive any rights, claims, or interests I may have to control the use of my likeness, voice, name, recordings, and/or identity in the recordings and podcasts authorized above. I agree that any uses described above may be made without compensation or additional consideration to me. I agree that UIW shall have the right to remove the work from the hosted media or web-based service at anytime without prior notice for any reason deemed to be in UIW's best interest.

I waive and release UIW and its officers, agents and employees from any claim or liability relating to the use of my name, likeness, identity, voice, photographic image, video graphic image and oral or recorded statements in the work, including all claims of compensation, damage for libel, slander, invasion of the right of privacy or any other claims based on, arising out of, or connected with the use of said recordings and podcasts. I agree to indemnify UIW and its officers, employees, agents, successors, heirs, and assigns, for any and all claims, liabilities, damages, and expenses, including reasonable attorneys' fees actually incurred, due to any claimed infringement of copyrights, trade names, trademarks, service marks, right of publicity or privacy, or other proprietary, personal or property right arising from publication of the work through the hosted media or as a result of my breach of any covenant or warranty herein contained.

This Agreement shall be governed by and interpreted in accordance with the laws of the State of Texas.

By my signature, I represent that I have read and fully understand the terms of this release. **(If necessary, a parent or guardian of youth under 18 must also sign.)**

Name (print): _____

Signature: _____ Date: _____

NOTES: