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EDUCATORSABROAD LTD. RELEASE AND WAIVER FORM

I, the undersigned, intend to participate in the EducatorsAbroad Ltd. (EA) program to which I have applied.

I recognize that participation involves international travel; living in different cultural, political, and economic settings; opportunity to gain academic credit; and responsibility to fulfill obligations in a conscientious manner.

In consideration for the opportunity of participating in this program I understand and agree that:

Academic and Financial Requirements

- I am responsible for all program requirements.
- I am responsible for all arrangements and expenses associated with participation in this program including payment of all applicable program fees, travel, room and board, and personal expenses and understand that, if registered for credit, an official hold may be placed on my academic records until I make all required payments.
- I will be provided with international health and liability insurance coverage for the time of my participation as part of the program fees which I pay. I am responsible for any additional insurance I may elect.

Health Factors

- I am responsible for reporting and have, as part of my application, fully described any health and physical or psychological needs that may affect my performance while participating in this program.
- I am responsible for arranging accommodation that is suitable for my needs.

Personal Behavior

- My participation is subject to policies concerning program operation, study abroad, and codes of behavior of EA and if, registered for college/university credit, of that college/university. I understand that if I violate any of these policies I may be expelled from the program, lose all academic credit for the program, and remain responsible for full payment of all fees (See 'EducatorsAbroad Ltd. Policy on Participant Conduct').
- I have not been convicted of a crime other than a traffic violation (this includes a felony, gross misdemeanor, a misdemeanor, or any charges that resulted in a stay of imposition).
- I may not purchase, possess, and/or use any illegal or unauthorized drugs during my participation in the program, including free time. This ban covers drugs that are illegal in my home country and the country of participation. I understand that illegal drug purchase, possession, or use jeopardizes me, other students in the program, and the program itself. I understand that violation of this rule of conduct may result in immediate expulsion from the program and loss of all academic credit for the program. I further understand that I would remain responsible for the full payment of all program fees.
- I understand that neither the program nor the embassy of my country can obtain release from jail if I am jailed for any reason.

Travel Risks

- I am responsible for informing an official representative of EA of any plans to travel during free time before, during, and after the period of the program. I understand that EA, their staff, agents, or representatives are not responsible for any travel outside program requirements.
- I understand there are unavoidable risks in participating in learning abroad opportunities. I acknowledge that I have been provided website information of my national government on travel to, in, and around my program site country; that I am aware of and understand the risks and dangers to my own health and personal safety posed by the use of public transportation to and from and in my site country, by domestic or international terrorism, and by civil unrest, political instability, crime, violence, disease and public health

conditions in my site country. I hereby assume, knowingly and voluntarily, each of these risks and all of the other risks that could arise out of or occur during my travel to, from, in, or around my site country.

- I understand that political, social, and/or public health circumstances can change quickly in a country and that it may be necessary for EA to suspend a placement for health or safety reasons before the term ends.

Waiver

I, individually, and on behalf of my heirs, successors, assigns, and personal representatives, release EducatorsAbroad Ltd., their staff, agents, and representatives, from any and all liability whatsoever for damages, losses, or injuries (including death) that I may sustain to my person or property, arising out of, resulting from, or occurring during my participation or any travel incident thereto, except where such damage, loss or injury is the result of the intentional or reckless conduct of EducatorsAbroad Ltd. their staff, agents, or representatives. This release applies to any loss of property, injury, illness, or death due to theft or other crimes committed by persons other than the employee or agents of EducatorsAbroad Ltd., political unrest, use of modes of transportation, and activities on the part of fellow participants, host family members, agencies, and organizations, persons, or groups with which EducatorsAbroad Ltd. contracts or which EducatorsAbroad Ltd. recommends for the provision of services for the program. This release further applies to any independent travel or optional activities or sojourns that I may undertake during my learning abroad experience. This release does not apply to intentional, willful, or wanton acts of EducatorsAbroad Ltd. or their staff or agents.

Medical Authorization

- I authorize EducatorsAbroad Ltd. or their agents to secure medical treatment on my behalf in the event of a health emergency, and I accept financial responsibility for such medical treatment.
- I also authorize EducatorsAbroad Ltd. or their agents to release medical information obtained from me to a care provider in the event of a health emergency or as needed to provide reasonable accommodations.

I HAVE READ THIS RELEASE AND WAIVER AGREEMENT AND ACCEPT EACH OF THE ABOVE RESPONSIBILITIES AND VOLUNTARILY SIGN THE RELEASE AND AUTHORIZATION FOR MEDICAL TREATMENT.

Signature of Participant _____ Date _____

Name (Please Print) _____

Date of Birth _____

Term/Year of Participation _____

If the above-signed is not of legal age (18) at the date of signing, this form must be signed by the participant’s parent or legal guardian below.

As the parent or legal guardian of the participant whose signature appears above, I have read and understand the conditions outlined above, have given my child or ward permission to participate in the program, and agree to be bound by the conditions outlined above as if I myself have signed above.

Signature of Parent/Legal Guardian _____ Date _____

Name (please Print) _____