

## FMU International Programs: Travel Study Release Forms

**The following sections must be completed and signed by the participant.**

**A copy of all forms will be held by the Office of International Programs until the completion of the trip.**

<b>1</b>	<input type="checkbox"/>	Personal Details
<b>2</b>	<input type="checkbox"/>	Assumption of Risk and Release
<b>3a</b>	<input type="checkbox"/>	Health & Safety Information (Part I): Questionnaire
<b>3b</b>	<input type="checkbox"/>	Health & Safety Information (Part II): Statement of Health
<b>3c</b>	<input type="checkbox"/>	Health & Safety Information (Part III): (To be completed by the medical professional) <sup>*</sup>
<b>4</b>	<input type="checkbox"/>	Travel Study and Medical Insurance Information
<b>5</b>	<input type="checkbox"/>	Release of Medical Information
<b>6</b>	<input type="checkbox"/>	International Programs Student Conduct Contract

<b>1 Personal Details</b>			
<b>Student Name</b>			<b>Student ID:</b>
<b>Date of Birth:</b>	<b>Year:</b>	<b>Month:</b>	<b>Day:</b>
<b>Current Address</b>			
<b>City/Town</b>			<b>State</b>
<b>Country</b>			<b>Zip</b>
<b>Telephone No.</b>			<b>Cell Phone No.</b>

<b>2 Assumption of Risk and Release</b>			
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<sup>\*</sup>Student Health Services may be able to complete this form for you, free of charge. Otherwise, you are advised to consult your personal family doctor.

I hereby agree as follows:

1. **Risks of Study Abroad.** I understand that participation in the Study Abroad Opportunity specified above may involve risks not found in study at Francis Marion University. These include, but are not limited to, risks involved in traveling to and within, and returning from, one or more foreign countries; foreign political, legal, social, and economic conditions; different standards of design, safety and maintenance of buildings, public places and conveyances; local medical and weather conditions. I have made my own investigation and am willing to accept these risks.
  
2. **Institutional Arrangements.** I understand that Francis Marion University does not represent or act as an agent for, and cannot control the acts or omissions of, any host institution, host family, transportation carrier, hotel, tour organizer or other provider of goods or services involved in the Study Abroad Opportunity. I understand that the University is not responsible for matters that are beyond its control. I hereby release the University from injury, loss, damage, accident, delay or expense arising out of any such matters.
  
3. **Independent Activity.** I understand that Francis Marion University is not responsible for any injury or loss I may suffer when traveling in connection with the Study Abroad Opportunity.
  
4. **Health and Safety.**
  - a. I understand that foreign travel and living overseas can present certain challenges. Students with previous or current medical and/or mental health conditions are strongly encouraged to consult with trained medical and/or mental health professionals and to prepare strategies that may be used abroad should they experience problems. I acknowledge that I have been strongly encouraged to become familiar with health and medical conditions in the areas to be visited in connection with the Study Abroad Opportunity and to assess my ability to participate in the opportunity, and have done so.
  - b. I am aware of all applicable personal medical needs. I have arranged, through insurance or otherwise, to meet any and all needs of payment for medical costs while I participate in the Study Abroad Opportunity. I recognize that Francis Marion University is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility. Therefore, if I require medical treatment or hospital care, in a foreign country or in the United States, during the Program, Francis Marion University is not responsible for the cost or quality of such treatment or care.
  - c. While participating in this Study Abroad Opportunity, I agree to pay all expenses relating to my health and safety and release the University from any liability for any actions.
  
5. **Standards of Conduct.**
  - a. I understand that each foreign country has its own laws and standards of acceptable conduct, including dress, manners, morals, politics, drug use, and behavior. I recognize that behavior which violates those laws or standards could harm Francis Marion University's relations with those countries and the institutions therein, as well as my own health and safety. I will become informed of, and will abide by, all such laws and standards for each country to or through which I will travel during the Study Abroad Opportunity.
  - b. I will also comply with the Francis Marion University *Student Handbook*, standards, and instructions for student behavior. I waive and release all claims against the University that arise at a time when I am not under the direct supervision of the University or that are caused by my failure to remain under such supervision or to comply with such rules, standards, and instructions.
  - c. I am solely responsible for any legal problems I encounter with any foreign nationals or government of the host country. Francis Marion University is not responsible for providing any assistance under such circumstances.
  
6. **Arrangements Subject to Change.** The University has the right to make cancellations, substitutions or changes in case of emergency or changed conditions or in the interest of the Study Abroad Opportunity. I understand that fees and charges are based on current costs, which are subject to change. If I leave or

am expelled from the Study Abroad Opportunity for any reason, there will be no refund of fees already paid. I accept all responsibility for loss or additional expenses due to delays or other changes in the means of transportation, other services, or sickness, weather, strikes, or other unforeseen causes. If I fail to meet a departure bus, airplane, taxi, or train, or become sick or injured, I will cover all expenses resulting from such circumstances.

7. **Assumption of Risk and Release of Claims.** Knowing the risks described above, and in consideration of being permitted to participate in the Study Abroad Opportunity, I agree, on behalf of my family, heirs, and personal representative(s), to assume all the risks and responsibilities surrounding my participation. To the maximum extent permitted by law, I release and indemnify Francis Marion University, and its officers, employees and agents, from and against any present or future claim, loss or liability for injury to person or property which I may suffer, or for which I may be liable to any other person, during my participation in the Study Abroad Opportunity (including periods in transit to or from any country where the Study Abroad Opportunity is being conducted).

**Declaration**

**I have carefully read this Release Form before signing it. No representations, statements, or inducements, oral or written, apart from the foregoing statement, have been made.** This agreement shall become effective only upon receipt of my application by Francis Marion University and shall be governed by the laws of the state of South Carolina, which shall be the forum for any lawsuits filed under or incident to this agreement or to the Program.

<b>Applicant's Signature</b>		<b>Date</b>	
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3a

## Health & Safety Information (Part I): Questionnaire

The purpose of this form is to help FMU to be of maximum assistance to you should the need arise during your study abroad experience. Mild physical or psychological disorders can become serious under the stresses of life while studying abroad. It is important that FMU be made aware of any medical or emotional issues, past or current, which might affect you in a foreign study context.

Students are asked to discuss their medical and/or emotional concerns with their medical professional(s) and to develop a plan for health management both prior to and after departure.

### Medical History

Student Name

**1 Are you generally in good physical condition?**

Yes

No

If No, please explain:

**2 Have you ever been treated or are you currently being treated for any psychological or emotional issues?**

Yes

No

If Yes, please explain and indicate any medication which has been prescribed:

**3 Do you have any seasonal allergies or allergies to specific drugs, insects, plants or food? (Please also indicate if you require an Epi-pen)**

Yes

No

If Yes, please explain:

**4 Do you carry a Medical alert which indicates your allergies and which would assist the exchange university or medical staff in the event of illness?**

Yes

No

If yes, please explain:

<b>5</b>	<b>Are you currently taking any medications? If so, please list below.</b>	Yes		No	
If Yes, please explain:					

<b>6</b>	<b>Do you have any food sensitivities (gluten, lactose, etc) or food preferences (vegan, gluten-free, etc.)?</b>	Yes		No	
If Yes, please explain:					

<b>7</b>	<b>Have you had any major injuries, surgeries, diseases or ailments in the past five years?</b>	Yes		No	
If Yes, please explain:					

<b>8</b>	<b>Are you registered for any Accommodations with the Office of Counselling and Testing?</b>	Yes		No	
If Yes, please provide details as well as the accommodations you currently receive:					

<b>9</b>	<b>Is there any additional information (concerning medical conditions or mental, learning or physical disabilities) that would require action in the event of a medical emergency or be helpful for the programme to be aware of during your study abroad experience?</b>	Yes		No	
If Yes, please explain:					

**Declaration**

***I certify that all responses made on this Health Information Questionnaire are true and accurate and I will notify Francis Marion University hereafter of any relevant changes in my health that occur prior to the start of the program. I understand that, in the event of an emergency abroad, Francis Marion University reserves the right to notify my parent(s)/guardian(s)/home university.***

***The information provided will remain confidential and will be shared with programme staff, academic staff or appropriate professionals only if pertinent to your own wellbeing.***

**Applicant's Signature**

**Date**

**3b**

**Health & Safety Information (Part II): Statement of Health**

**Please consider the following statement carefully before signing and dating below:**

*"I certify that I am in good physical and mental health and that I do not suffer from any particular mental or physical condition(s) that would prevent me from successfully taking part in my chosen program at my host university or study abroad destination. I further understand that, in the event of an emergency abroad, Francis Marion University reserves the right to notify and discuss the situation with the emergency contact I have listed on my medical insurance form."*

**By signing below, you also acknowledge the following:**

*"I, and my parents or guardians, agree to release and hold harmless Francis Marion University and their employees and agents from any claims arising out of the provision of medical care in my host country. I understand and agree that this form will be released to the host institution or program provider. I also understand and agree that Francis Marion University is not responsible for any decisions which that institution/organization may make based upon information it receives from any source about my physical and/or psychological condition"*

**Applicant's Signature**

**Date**

**(If my parents or guardians have not signed this form, I represent and certify that I am not a minor.)**

**Parent/Guardian  
Signature**

**Date**

**(If under 18 years of age)**

The aforementioned student has applied to participate in an international exchange or study program through Francis Marion University. Your candid evaluation of the student's health will be vital to the US-based and overseas staff in anticipating and dealing with any health problems that may arise during this student's time abroad. Although medical and psychological care in many countries is readily available and of high quality, some students may be going to remote sites or countries where such care may be poor or difficult to obtain.

In addition, your honest and straightforward discussions with the student will help him or her to:

- Understand what preparation may be needed prior to departure in order to more effectively manage any medical and/or psychological issues;
- Decide what on-going care or special arrangements may be necessary while abroad;
- Recognize potential warning signs and know when to seek medical attention should his/her condition begin to deteriorate; and
- Determine if this is, in fact, the right time to study abroad given his/her current condition.

**Please respond:** Based on the student's health history and my discussions with him/her, I find that:

- There are no medical and/or psychological contraindications to participation in this program at this time.
- I do not recommend a remote destination far from medical care.
- The student should be advised against participating in this program at this time.

**Additional comments or needs that are pertinent to the student's participation on an international exchange or study program:**


<b>Signature of Medical Professional:</b>		<b>Date:</b>	
<b>Name (printed):</b>			
<b>Address:</b>			
<b>City</b>		<b>State:</b>	<b>Zip:</b>
<b>Phone:</b>			

All students participating in an Exchange Program or Travel Study Program must show proof of medical insurance before being allowed to travel or register at their host institution. Please complete this form. This form will remain confidential. Within one month of your return, this form and your Statement of Health Form will be shredded. Note that some host institutions offer medical insurance plans; see your FMU liaison for more information about this option.

**Emergency Contact**

<b>Name:</b>																										
<b>Address:</b>																										
<b>City:</b>							<b>State:</b>			<b>Zip:</b>																
<b>Telephone:</b>																										
<b>Email</b>																										

**Primary Physician**

<b>Name:</b>																										
<b>Address:</b>																										
<b>City:</b>							<b>State:</b>			<b>ZIP:</b>																
<b>Telephone:</b>							<b>Emergency Phone:</b>																			
<b>Email</b>																										

**Certification of Medical Insurance Coverage (please attach a copy of your insurance card)**

<b>Health Insurance Company:</b>																							
<b>Policy Number:</b>																							
<b>Provider Telephone Number:</b>																							



I hereby grant permission to any licensed physician or dentist, or other licensed healthcare professional, to perform emergency treatment while I am participating in a travel study opportunity. Because of the nature of the program, I further acknowledge that Francis Marion University officials responsible for this opportunity have a need and a right to know about medical procedures and the prognosis of any medical condition that may affect my continuing participation in the program. I therefore authorize medical personnel to release medical information relevant to my continuing participation in the travel study opportunity to appropriate Francis Marion University personnel on a need-to-know basis.

In the space below, describe any medical conditions that would need to be known during an emergency medical situation. Include any medical history, allergies (food, drug, or environmental), medications, or physical impairments to which medical professionals should be alerted. Attach additional sheets if necessary:


**(Bring copies of any prescriptions, or original medicine containers with label, on the trip).**

Outgoing students must purchase an ISIC card from the International Student Travel Confederation ([www.isic.org](http://www.isic.org)) which includes emergency medical travel insurance, emergency evacuation, and various discounts. This ID card will not take the place of required Medical Insurance.

#### Declaration

***By signing this form, I certify that I will be covered by medical insurance and emergency flight return insurance during the dates that I participate in this travel study opportunity, and that the insurance is valid in the country or countries to be visited.***

Applicant's Signature:

Date:

By signing this contract, you are agreeing to abide by the conduct guidelines outlined below.

Failure to abide by the conduct guidelines may result in any one or a combination of the following sanctions: 1) you being dismissed from group activities for the remainder of the trip; 2) you being required to reimburse Francis Marion University for any expenses incurred on your behalf that are related to your participation in the program.

- **I understand that once I am accepted to an FMU study abroad program and register for that program with my deposit, I am responsible for repaying FMU any fees that they disburse on my behalf (i.e., airfare), should I later choose not to take part in the program. This may include the placing of a hold on my student account, until these fees are repaid.**
- I agree to pack reasonably, and not to exceed the airline's sizes or weights on either the outward bound or returning flights.
- I agree to abide by the laws and regulations governing the places visited.
- I agree to be a strongly positive ambassador of Francis Marion University and to comport myself at all times in such a way as to reflect positively on the university.
- I agree to participate enthusiastically in all of the activities planned by the chaperone(s).
- I agree to be a pleasant roommate and traveling companion and to abide by reasonable expectations regarding hygiene, curfew, and personal conduct.
- I agree to be scrupulously punctual and understand that, if I am more than a very few minutes late for a scheduled activity, the rest of the group may leave without me.
- If I drink, I agree to drink responsibly and obey the laws regarding alcohol of the country I am visiting.
- If in a country where cannabis is legal, I agree to abide by the laws of that country and the United States of America while visiting that country and when I return to the United States of America.

<b>Student Signature:</b>		<b>Date:</b>	
<b>Name (printed):</b>			