

# Medical Spanish/International Health Course Application

Antigua and San Lucas Tolimán, Guatemala  
Sponsored by the Office of International Studies and Programs  
University of Nebraska Medical Center

I am applying for:

Phase I:  Jan 6 - Feb 3, 2008  
 June 1-29, 2008

Feb 3 - Mar 2, 2008  
 June 29 - July 27, 2008

Apr 6 - May 3, 2008  
 July 27 - Aug 24, 2008

Phase II:  Feb 3 - Mar 2, 2008

Apr 6 - May 3, 2008

**\*Highlighted Courses are currently full**

## General Information

Name: \_\_\_\_\_  
(First Name) (Middle Name) (Family Name)

Present Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Country: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone (home): (\_\_\_\_) \_\_\_\_\_ (work): (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Institution: \_\_\_\_\_

If student, program: \_\_\_\_\_ Anticipated year of graduation: \_\_\_\_

If faculty, department and position: \_\_\_\_\_

If staff, department and position: \_\_\_\_\_

Campus Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Country: \_\_\_\_\_ Zip: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Country: \_\_\_\_\_ Zip: \_\_\_\_\_

## Emergency Contacts (please provide two)

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

## Additional Information

Do you have a valid passport?  Yes  No Passport #: \_\_\_\_\_

Country of Issue: \_\_\_\_\_ Expiration date: \_\_\_\_\_

My level of Spanish is:

Beginner  Beginner/Intermediate  Intermediate  Intermediate/Advanced  Advanced

**When completed, please print and sign this form. Please read carefully the Release of Liability. Sign and attach to your completed application, along with the required deposit of \$200 (\$250 after May 2008). Applications received without Release of Liability and deposit will not be accepted. Make checks payable to: UNMC**

Mail Completed Applications to: **International Studies and Programs  
985735 Nebraska Medical Center  
Omaha, NE 68198-5735**

I hereby declare that the foregoing information is true and complete to my knowledge:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

International Studies and Programs  
University of Nebraska Medical Center

**Release of Liability**  
***THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS.***  
***READ IT CAREFULLY.***

I am enrolling in the Medical Spanish/International Health Course. I understand that living in any new place may involve changes in plans, unexpected delays, and limited access to services. I understand that I am subject to the laws of Guatemala, including those of migration, and that The University of Nebraska Medical Center can not be held accountable for the actions of governments or their representatives. I am aware that the use of transportation, housing, food, and other goods, services, or activities in connection with participation as a student/volunteer carries a risk of personal injury and property damage or loss.

I agree that I will not sue or otherwise make any claim against The University of Nebraska Medical Center or any of its officers, employees, agents, contractors, volunteers, for any injury, loss or damage suffered as a result of my participation as a student/volunteer, regardless of whether such injury, loss, or damage was caused, in whole or in part, directly or indirectly, by the actions, inaction, negligence or otherwise by any officer, employee, agent, contractor, or volunteer of The University of Nebraska Medical Center.

I also hereby agree to release and discharge The University of Nebraska Medical Center, its officers, employees, agents, contractors, or volunteers from all actions, claims, or demands, for myself, my family, my heirs or personal representatives, for death, injury, loss, or damage resulting in my participation as a student/volunteer in the Medical Spanish/International Health course.

I AM OVER 18 YEARS OF AGE AND HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE UNIVERSITY OF NEBRASKA MEDICAL CENTER, ITS OFFICERS, EMPLOYEES, AGENTS, CONTRACTORS, AND VOLUNTEERS, AND I SIGN IT OF MY OWN FREE WILL.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Full Name