

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: Dec 31, 2006-Jan 28, 2007 Jan 28-Feb 25, 2007 Apr 1-29, 2007
 May 27, 2007-June 24, 2007 July 1, 2007-July 29, 2007 July 29, 2007-Aug 26, 2007
Phase II: Jan 28, 2007-Feb 25, 2007 April 1-29, 2007

***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. 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