

**UNIVERSITY OF NEBRASKA MEDICAL CENTER  
WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT**

*The undersigned does hereby agree to the following terms and conditions:*

1. I understand that I am a voluntary participant in this program and have elected to do so knowingly and voluntarily, with full knowledge of the potential risks associated with international travel. I confirm that I have been advised to consult the US Department of State resources for information regarding travel to the country in which the program will be held and that I have made the decision to participate in the program despite any warning or advisory regarding travel to that country.
2. I understand that I am responsible for obtaining insurance coverage valid outside of the US to protect against the costs of hospitalization and medical care in the event of sickness, accident, disability, and death resulting therefrom, and to offset expenses due to emergency evacuation and repatriation, trip cancellation, or property loss. I have obtained medical travel advice and immunizations appropriate for the region(s) in which travel is planned.
3. I understand and accept that, as a participant in this program, I am required to observe the laws of the country in which I will be residing and all academic and disciplinary regulations in effect at the host institution. I agree to conduct myself in an appropriate manner at all times and understand that unacceptable behavior may lead to possible disruption of my participation in this program.
4. I agree to assume all risks and responsibilities related to my participation in this program, including transportation and any independent research or activities undertaken as an adjunct thereto.
5. I understand and agree that any independent travel or absence before, during, or after this program is undertaken at my own risk.
6. Neither the Board of Regents of the University of Nebraska, its division, the University of Nebraska Medical Center (UNMC), nor any officer, employee or agent thereof shall be liable for any injury, loss, damage, act, omission, or expenses resulting from (1) any tour organized or arranged, employed, or utilized by the UNMC or any host college; (2) the use of any vehicle, (3) strike, war, weather, sickness, quarantine, government restriction or regulation, or (4) any act or omission by any steamship, airline, railroad, bus, taxi service, hotel, restaurant, or educational institution; nor shall UNMC have any other financial obligation or liability arising from damage to property or injury to my participation in this program.

7. I agree to indemnify the Board of Regents, UNMC, and each and every division, officer, employee, and agent thereof against any loss, damage, injury, cost, and expense arising from my participation in this program that I, my spouse, any member of my family, guardian, or any other person may have as a result of or in connection with my participation in this program. I further agree and understand that I shall be responsible for the consequences of my willful or negligent acts that result in damages or injury to persons or property.
  
8. I am at least nineteen (19) years of age and fully competent to sign this Agreement. I confirm that I have read and understand the foregoing terms and conditions and agree to be bound by them, as evidenced by my signature below.

**THIS IS A RELEASE OF LEGAL RIGHTS.  
READ AND UNDERSTAND BEFORE SIGNING.**

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Participant's printed name

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Participant's signature

Date

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Sara E. Pirtle  
Program Manager  
Office of Global Engagement

Date



**UNIVERSITY OF NEBRASKA MEDICAL CENTER**  
**Program/Contact Information and**  
**Waiver of Liability/Hold Harmless Agreement for**  
**Study Abroad/International Experiences**

***IMPORTANT:** This is a required form that must be completed in full and returned to the Office of Global Engagement. This must be received prior to your departure.*

**Please Print**

**Date:** \_\_\_\_\_  
**Name:** \_\_\_\_\_  
**Email:** \_\_\_\_\_  
**Academic program and expected year of graduation:** \_\_\_\_\_

**Name and location of program:** \_\_\_\_\_  
**Course number (if receiving credit):** \_\_\_\_\_

**In case of emergency, contact person in the *United States*:**

**Name:** \_\_\_\_\_  
**Relationship:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
**Email:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

**In case of emergency, contact person *at your Education Abroad site*:**

**Name:** \_\_\_\_\_  
**Relationship:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
**Email:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

**Departure Date:** \_\_\_\_\_ **Flight # & Airline:** \_\_\_\_\_

**Date back in the US:** \_\_\_\_\_ **Flight # & Airline:** \_\_\_\_\_

**Passport # and expiration date:** \_\_\_\_\_

Complete the entire Program/Content Information and Waiver of Liability/Hold Harmless Agreement form and return to:  
 Office of Global Engagement  
 University of Nebraska Medical Center, zip 5700, fax 402 559 2923