UNIVERSITY OF WISCONSIN-Fond du Lac
UNIFORM STATEMENT OF RESPONSIBILITY,
RELEASE AND AUTHORIZATION
TO PARTICIPATE IN
DOMESTIC TRAVEL FOR CREDIT PROGRAMS

I hereby indicate my desire to participate in a domestic study for credit program BIO 298: Special Topics Biology-Florida Keys sponsored by the University of Wisconsin- Fond du Lac, Continuing Education during the period of July 15, 2015 to July 21, 2015. My participation in this program is completely voluntary.

If and/or when I am offered and accept a place in the University’s program, I:

1) assume full legal and financial responsibility for my participation in the program.

2) will be responsible for full program costs (whether already paid or not) as stated in the withdrawal and refund schedule if I withdraw (or am required to withdraw) from the program for any reason once the program has commenced, unless otherwise stated in the program refund policy.

3) grant the University, its employees, agents and representatives the authority to act in any attempt to safeguard and preserve my health or safety during my participation in the program including authorizing medical treatment on my behalf and at my expense and returning me home at my own expense for medical treatment or in case of an emergency.

4) realize that accident and health insurance are required for my participation in the program and that I am responsible for obtaining appropriate insurance coverage for the duration of the program. I understand that the University encourages me to have appropriate insurance coverage for the entire time I am participating in the domestic study program.

5) agree to conform to all applicable policies, rules, regulations and standards of conduct as established by the University, any sponsoring institution, as well as program requirements, to insure the best interest, harmony, comfort and welfare of the program.

6) accept termination of my participation in the program by the University with no refund of fees and accept responsibility for transportation costs home if I fail to maintain acceptable standards of conduct as established by the University, and/or the sponsoring institution.

7) understand that the University reserves the right to make changes to the program at any time and for any reason, with or without notice, and that the University shall not be liable for any financial loss whatsoever to program participants as a result of such changes.

8) agree voluntarily and without reservation to indemnify and hold harmless the University, Board of Regents of the University of Wisconsin System (Board of Regents) and their respective officers, employees, and agents from any and all liability, loss, damages, costs, or expenses (including attorney’s fees) which do not arise out of the negligent acts or omission of an officer, employee, and agent of the University and/or Board of Regents while acting within the scope of their employment or agency, as a result of my participation in the program, including any travel incident thereto.

9) acknowledge that I have read this entire document and understand its terms.

________________________________________
Participant’s Signature
Date

________________________________________
Signature of Parent or Guardian Date (If Participant is under 18 years of age.)
In addition, I, (name), ________________________________

10) understand that I am participating in a University of Wisconsin Colleges (UW Colleges) faculty-led program and I am subject to the same rules and regulations as students at my home campus. The University of Wisconsin Colleges reserves the right to limit my access to program services or to suspend or expel me from the program if my conduct violates the relevant provisions of the Wisconsin Administrative Code which governs student conduct. However, the University of Wisconsin Colleges reserves the right to modify its procedures for responding to allegations of misconduct as necessary to meet the circumstances presented by each program.

11) have read all the program materials: program information on the web, application packet, Withdrawal & Refund policy, the letters and all other printed materials I have received from the UW-Fond du Lac Continuing Education Office. I understand and accept the conditions under which this program will be conducted, particularly those which apply to the courses, course credit, housing arrangements, travel arrangements, participation in planned events (if any), withdrawal & refund policy, and program costs. I understand that any program itinerary provided is subject to change and I agree to adapt to those changes.

12) agree I will depart and return with the group. I will not initiate any side trips or extended stays after the group departs unless written approval was given by the UW-Fond du Lac Director of Continuing Education to do so in advance of trip departure.

12) understand that to receive academic credit, I must participate in all pre- and post-travel orientations and academic sessions, attend all scheduled events, complete all course requirements and meet the faculty leader’s expectations as a participant.

13) agree to maintain a high standard of conduct throughout the program, including, but not limited to, obeying all local laws and ordinances, behaving ethically and professionally in my relationship with others and in my approach to coursework, showing up on time for all scheduled events, and complying with the UW Colleges Student Rights and Regulations. Failure to adhere to these standards may result in immediate dismissal per the “University Of Wisconsin System Uniform Statement of Responsibility”.

14) I understand that I am participating in this program at my own risk, that I chose to participate at the designated location and that I will consult with the faculty leader if any problems arise during this program.

15) realize that traveling with a large group requires organization and coordination. Schedules for site visits, movement at airports and train stations, and other areas concerning travel arrangements will often necessitate a certain regimentation which the course instructor must impose and which I agree to follow. Additionally, I understand that I will not deviate from the group without permission of the faculty leader.

16) realize that although I am traveling with a group, there will be time for me to spend independent of the group. I understand that I am responsible for all of my actions on this program. I am responsible for knowing about and obeying the laws of the state, knowing about any travel warnings, natural disasters, political unrest, and adapting to regional cultural differences.

17) have read the UW Colleges Alcohol and Drug Policy for Study Abroad Programs, which also pertains to domestic travel, and I will be responsible for all consequences of my choices and actions associated with alcohol and drugs during my domestic travel for credit experience.

18) understand that I must notify the UW-Fond du Lac Continuing Education Office as soon in advance as possible (but at least 45 days before departure) if I am disabled and desire special accommodations. (All such requests are kept confidential.)

19) understand that I am required to submit a completed program evaluation to the UW-Fond du Lac Continuing Education Office.

20) have consulted with a medical doctor with regard to my personal medical needs and about the location(s) where the program is to be offered. There are no health-related reasons or problems that preclude or restrict my participation in this Program. I am aware of all applicable personal medical needs. I have arranged, through insurance or otherwise, to meet any and all needs for payment of medical costs while I participate in the
Program. I recognize that the UW Colleges is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility therefor. If I require medical treatment or hospital care in the United States during the Program, the University is not responsible for the cost or quality of such treatment or care.

21) affirm that there are no mental health-related reasons or problems that preclude my participation on this Program.

22) (This paragraph applies only if you have consulted with a mental health professional in the past.) have consulted with a psychiatrist, medical provider and/or mental health professional with regard to my mental health needs. I affirm that I am stable on my current medications and that my doctor is willing to prescribe enough medication to last for the duration of my planned program. I agree to take all prescribed medications exactly as prescribed by my doctor and that I will carry both the original prescription with me and a note from my doctor explaining the situations in which I can self-regulate dosages. I have arranged, through insurance or otherwise, to meet any and all needs for payment of mental health care, if needed, while I participate in the Program. I recognize that neither the UW Colleges nor my hosts are obligated to attend to any of my mental health needs, and I assume all risk and responsibility therefor. If I require treatment or hospital care during the Program, the UW Colleges is not responsible for the cost or quality of such treatment or care. I understand that I will be withdrawn from the program and required to return home, at my own expense, if I do not take my medication as prescribed or if my mental health negatively affects my own stability, other students, my hosts, or, if on a faculty-led program, the ability of the group leader/s to teach courses and attend to the group. I understand and agree that the UW Colleges Risk Response Team will become involved if I exhibit symptoms of mental health problems.

23) understand that staff at UW-Fond du Lac Continuing Education Office may contact my emergency contact/s in the event of an emergency during the program, in the event that I require hospitalization or medical/mental health care, to inform them of itinerary/accommodation changes, or in the event that staff determine that I am making decisions or behaving in a way that may jeopardize my own safety or mental health or the safety of others. In the event that I require medical or mental health care and cannot make decisions on my own, staff will make every effort to contact my emergency contact/s. If this is not possible, I authorize representatives of the UW Colleges to make decisions about my medical or mental health on my behalf. I agree to assume all financial responsibility for such care to the extent that it is not covered by health insurance.

26) authorize my UW College’s Assistant Campus Dean for Student Services to disclose information, documents, etc. contained in my education record and pertaining to my conduct on campus, in residence halls and off campus to the UW-Fond du Lac Office of Continuing Education for the purpose of determining my eligibility to participate in this program. I understand that information contained in my record may disqualify me from participation on this program.

Knowing the risks described above, and in consideration of being permitted to participate in the Program, I agree, on behalf of my family, heirs, and personal representative(s), to assume all the risks and responsibilities surrounding my participation in the Program. To the maximum extent permitted by law, I release and indemnify the Board of Regents of the University of Wisconsin System, 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 Program (including periods in transit to or from any country/destination where the Program is being conducted). I have carefully read this Release Form before signing below. No representations, statements, or inducements, oral or written, apart from the foregoing written statement, have been made. This agreement shall become effective only upon receipt of my application by the University and shall be governed by the laws of the state of Wisconsin, which shall be the forum for any lawsuits filed under or incident to this agreement or to the Program.

If my parents or guardians have not signed this form, I affirm that I am not a minor.
WITHDRAWAL AND REFUND POLICY
FOR UW COLLEGES-SPONSORED DOMESTIC TRAVEL FOR CREDIT PROGRAM

The following apply without exception: Name (Please Print): __________________________________________

1. Participants enrolling in a UW-Fond du Lac Continuing Education domestic travel for credit program are enrolling in an academic program; the UW-Fond du Lac Continuing Education Office is not a travel agency and does not offer travel tours. The UW Colleges reserves the right to make any changes to itineraries, travel arrangements, hotels, excursions, activities or other plans. Such changes are not grounds for cancellation of registration.

2. You must notify the UW-Fond du Lac Office of Continuing Education in writing (email is acceptable) if you wish to withdraw. Your withdrawal is effective on the date that the UW-Fond du Lac Director of Continuing Education receives notification in writing.

3. If you are a person with disabilities and desire special accommodations, the UW-Fond du Lac Director of Continuing Education must be notified at least 45 days before departure. All such requests are kept confidential.

4. Accepted Participants:

If you withdraw 90 days or more before departure, including before the application deadline, you will be refunded only that portion of your fee, excluding the non-refundable Administrative Application Fee, which has not already been expended by the Program on your behalf or which the UW-Fond du Lac Office of Continuing Education is not obligated to expend on your behalf after your withdrawal notice is received.

If you withdraw 89 days or fewer before departure, you will be refunded only that portion of your fee, excluding the nonrefundable application fee, which has not already been expended by the domestic travel for credit Program on your behalf or which UW-Fond du Lac is not obligated to expend on your behalf after your withdrawal notice is received. In addition, you will be assessed a fee equal to a percentage of the group costs (including group transportation, faculty leader costs, etc.) based on the final number of program participants and withdrawals. Any expenses related to the program which you personally have incurred or which you are obligated to pay remain your responsibility (see the UW Colleges Uniform Statement of Responsibility). The UW-Fond du Lac Office of Continuing Education will not assume responsibility for these expenses for you.

Because the UW-Fond du Lac Office of Continuing Education runs all programs on a cost-recovery basis, it is not possible to make exceptions for any reason, including withdrawal for medical reasons or family emergencies. To protect yourself, PURCHASE TRIP CANCELLATION INSURANCE. If you choose not to purchase trip cancellation insurance, or in the case that trip cancellation insurance does not cover, fees assessed by the Program will be your responsibility regardless of your reason for withdrawing.

5. The Administrative Application Fee is 100% non-refundable, unless you are not accepted to participate.

6. I have read the cost estimate worksheet on the web for my program and understand my financial responsibilities in addition to advertised program fees. I am confident that I will be able to cover all expenses.

I read, understand and agree to comply with the withdrawal and refund policy as outlined above. If my parents or guardians have not signed this form, I affirm that I am not a minor.

Participant's Signature ___________________________ Date ___________________________

Signature of Parent/Guardian (Required if student is under 18 years of age) ___________________________ Date ___________________________