

University of Hawai'i at Hilo

Pre-Departure Forms

CONGRATULATIONS ON YOUR ACCEPTANCE TO YOUR STUDY ABROAD DESTINATION. TO ENSURE YOUR PROTECTION AND SAFETY, YOU ARE REQUIRED TO FILL-OUT AND RETURN THE FOLLOWING FORMS.

(Forms Attached)

- A. Risk and Release Form
- B. Family Educational Rights and Privacy Act (FERPA) Form
- C. Health Insurance Portability and Accountability Act (HIPAA) Form
- D. Medical Insurance Certification
- E. Permission to Use Photographic Images

**** Student must present an official picture ID and sign specified forms in the presence of an official University of Hawai'i at Hilo employee (faculty or staff member)**

Please complete and return all documents to The Center for Global Education and Exchange (SSC, Room E-202) by

University of Hawai'i at Hilo

Acknowledgement of Risks and Release of Responsibility

Name _____ UH ID _____

Program _____ Program Dates _____

The University of Hawai'i at Hilo offers students the opportunity to enroll in overseas study programs. Certain potential risks to personal health and safety are associated with international travel and residence in a foreign country. Those unwilling to accept these associated risks should not participate in a study program abroad.

The University of Hawai'i at Hilo cannot guarantee the health and safety of participants in an overseas study program or eliminate all risks from study abroad environments.

Please read, complete and sign this form before your program of international study begins. Students who fail to complete and sign this form will not be allowed to participate in any overseas programs sponsored by the University of Hawai'i at Hilo.

- I understand that there are certain risks associated with international travel and residence in a foreign country and that the University of Hawai'i at Hilo and its staff cannot control these risks.
- I understand that these risks may include exposure to potentially serious health and safety hazards such as: transportation accidents; storms; floods, earthquakes, and other natural disasters; infectious diseases, inadequate medical care; remote access to medical treatment; armed insurrections; and terrorist activities.
- I understand that the University of Hawai'i at Hilo is not in the position to guarantee my personal health or safety during my participation in an overseas program.
- I understand and hereby acknowledge that I assume all risks incurred by my participation in an overseas study program.
- In consideration of being allowed to enroll and participate in a UHH international program, the undersigned hereby releases the University of Hawai'i at Hilo, its Board of Regents, officers, agents and employees from any and all claims arising out of or in any way connected with UHH international programs and the undersigned's participation in the program, including, but not limited to the risks as outlined above.

Student's Signature

Date

Witness's Signature

Date

UNIVERSITY OF HAWAI'I AT HILO

CONSENT TO DISCLOSE EDUCATION RECORDS

The Center for Global Education and Exchange at the University of Hawaii at Hilo is legally prohibited from releasing the information contained in your educational files to anyone except you, in accordance with Family Educational Rights and Privacy Act (FERPA). In order for other individuals to have access to your educational files, financial aid information, or student accounts, you must complete and return this form.

Visit <http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html> for more information.

Name: _____
First MI Last

Student ID Number: _____

Check one:

___ I authorize a staff member from the UH Hilo Center for Global Education and Exchange to release my student records/information to the individuals listed below. If so, please complete contact information below.

___ I do not authorize a staff member from the UH Hilo Center for Global Education and Exchange to release my student records/information.

List name(s) of person(s) and their contact information (Name, Relationship, Phone Number(s), E-mail Address, and Mailing Address) to release medical information to:

The University is authorized to release only the following information. Student authorization is indicated by student's initials and date for each type of information to be released.

Table with 3 columns: Information Type, Student Initial, Date Authorized. Rows include Student Record, Admission Application, Transcript, Grade(s) Information, Class Schedule, Withdrawal from University/Coursework, Account Balance/Payments, Registration/Transcript Holds, and Disciplinary Sanctions.

Police Reports	_____	_____
Financial Aid Information	_____	_____
Scholarship Awards/Letter	_____	_____
Other-Please Describe: _____	_____	_____

Expiration and Revocation

Expiration: This authorization will expire on ____/ ____/ ____ (mm/dd/yy)
 You have the right to revoke this information at anytime by giving written notice of your revocation to the Center for Global Education and Exchange. Revocation of this authorization will not affect any action the office took on reliance on this authorization before notice of revocation was received. All other non-directory information is not authorized for release.

Signature: _____ **Date:** _____

** Student must present an official picture ID and sign this form in the presence of an official University employee.

Signature of UH Hilo Representative: _____ **Date:** _____

If unable to obtain a University Representative signature, this form must be signed in front of a notary and must be stamped/signed accordingly.

Signature of Notary if applicable: _____ **Date:** _____

University of Hawai'i at Hilo

Release of Medical Information

This form is to be completed by University of Hawai'i at Hilo students who are participating in study abroad programs overseas. The purpose of this form is to help the Center for Global Education and Exchange be of maximum assistance to you should the need arise during your study abroad experience. Changes in diet and climate can cause some hardship for students. And mild physical or psychological disorders can become serious under the stresses of life while studying abroad. It is important that the program administrators be made aware of any medical or emotional problems, past or current, which might affect you in a foreign study context. This information will be kept confidential in accordance with HIPAA (Health Insurance Portability and Accountability Act of 1996) and will only be shared with program staff in the event that it becomes pertinent to your well-being. Visit www.hhs.gov/ocr/hipaa/ for more information. This information will not effect your admission to the program.

Name: _____
First *MI* *Last*

Overseas Site (institution/city/country): _____

Student ID Number: _____

Birth Date: _____ Circle One: M / F Other: _____
MM/DD/YYYY

Part A. Medical Release

In case of an overseas medical emergency, the Center for Global Education and Exchange asks for your permission to release medical information to your parents, family members, or other responsible party in the event you need care or evacuation.

Check one:

I authorize a staff member from the UH Hilo Center for Global Education and Exchange to contact any of the individuals listed below to provide them with medical information in the event that I need medical care or evacuation while I am overseas. If so, please complete contact information below.

I do not authorize a staff member from the UH Hilo Center for Global Education and Exchange to contact anyone to release medical information in the event that I need medical care or evacuation while I am overseas.

List name(s) of person(s) and their contact information (**Name, Relationship, Phone Number(s), E-mail Address, and Mailing Address**) to release medical information to:

Part B. Medical History

Yes__ No__ Are you in generally good physical condition? (If no, please explain.)

Yes__ No__ Do you have any allergies? (If yes, please list/explain.)

Yes__ No__ Are you currently taking any medications? (If yes, please list/explain.)

Yes__ No__ Are you a vegetarian or do you have any special dietary requirements? (If yes, please explain.)

Yes__ No__ Have you had any major injuries, diseases or ailments in the past two years? (If yes, please list/explain.)

Yes__ No__ Is there any additional information (concerning medical conditions, psychological conditions, or physical disabilities) that would be helpful for the program to be aware of during your study abroad experience? (If yes, please explain.)

Part C. Expiration and Revocation

Expiration: This authorization will expire on ____/ ____/ ____ (mm/dd/yy)

You have the right to revoke this information at anytime by giving written notice of your revocation to the Center for Global Education and Exchange. Revocation of this authorization will not affect any action the office took on reliance on this authorization before notice of revocation was received.

Part D. Signature of Student

Signature: _____ Date: _____

** Student must present an official picture ID and sign this form in the presence of an official University employee.

Signature of UH Hilo Representative: _____ Date: _____

If unable to obtain a University Representative signature, this form must be signed in front of a notary and must be stamped/signed accordingly.

Signature of Notary if applicable: _____ Date: _____

University of Hawai'i at Hilo

Insurance Certification

Name: _____ Student ID Number: _____

Passport #/ Country of issuance: _____ Overseas Site: _____
City/Country

Part I (Please attach proof of coverage to this form.)

A. I certify I hold health/medical insurance coverage with _____,
Name of Company
and have a policy that includes evacuation and repatriation coverage from _____
_____.

OR

B. I certify that I am covered for health/medical insurance and for evacuation and repatriation under:

Name of policy holder

I herewith consent to have the above named company(ies) release information about my current membership status.	
Name of Insurance Company _____	
Membership Number _____	
Name of Employer (if providing insurance) _____	
_____ Signature	_____ Date

Part II.

As I choose not to take medical, evacuation and repatriation insurance, I certify that I (or my parent/guardian) will be responsible for any and all medical, or evacuation and repatriation expenses that I may incur while participating in the above named program or as an independent traveler outside of the program during the time period from _____ to _____ Mo/Day- Mo/Day- Yr

Student Signature

Date

Name of Parent/Guardian

Signature of Parent/Guardian

University of Hawai'i at Hilo

Permission to use Photographic Image

The Center for Global Education and Exchange might need to use photographs of students on flyers, websites, etc. to help with advertising of study abroad opportunities to other students.

Please circle the appropriate choice

Yes (UH Hilo has permission to use photographs of me)

No (UH Hilo does not have permission to use photographs of me)

Print Name

Student ID

Signature

Date



**PARTICIPATION, ASSUMPTION OF RISK, CONSENT, WAIVER,
RELEASE AND INDEMNITY AGREEMENT
OUTGOING STUDENTS**

Student Participant's Name:

Program:

UH Campus:

UH Unit:

Term:

The University of Hawai'i through UH Hilo Campus and the Center of Global Education and Exchange offers students the opportunity to enroll in out-of-state, international and overseas study programs. Certain potential risks to personal health and safety are associated with out-of-state, international and overseas travel and residence in another state, territory or foreign country. Those unwilling to accept these associated risks should not participate in an out-of-state, international or overseas study program.

I have read and understood all of the terms and conditions set forth in the brochure and/or the UH Hilo's website for the Center of Global Education and Exchange relating to the University's study program described above and I have chosen to participate in the Program. In consideration for my voluntary participation in the Program, I agree to the following on behalf of myself and my heirs, executors, administrators, and personal representatives:

All references in this Participation, Assumption of Risk and Consent, Waiver, Release, and Indemnity Agreement ("**Agreement**") to the "University of Hawai'i" shall include the University of Hawai'i at Hilo, the Study Abroad program, and all of their present, former and future officers, employees, volunteers, and agents. For student participants under the age of 18, all references herein to "I", "me", "my" or "student participant" shall include the parent(s), legal guardian(s) or other adult(s) responsible for the student participant.

1. **Representation of Health.** I understand the nature of the Program and I represent that I am in good physical, mental, and emotional health and able to participate in the Program. If, at any time, I believe the conditions of my participation to be unsafe, I will immediately cease further participation in the Program. I further agree to and represent that in connection with my participation in the Program: (a) I will be covered by adequate medical and liability insurance during the duration of my participation in the Program, (b) I am not employed by the University (or I am employed by the University but not participating in connection with my employment), and (c) the University will not be responsible for or required to indemnify or defend me with respect to any illness, personal or bodily injury, death, economic and property damage, severe emotional loss, and any other loss, damage, or injury that I may sustain or suffer in connection

with my participation in the Program, including without limitation:

a. Injury, loss, damage, accident, delay, irregularity, or expense arising from or connected with:

(1) the use by the Program of any vehicle or other mode of transportation or services;

(2) any strikes, war, terrorism, weather, sickness, quarantine, government restrictions or regulations, act of God, or any other like reason;

(3) any act or omission of any steamship, airline, railroad, bus company, taxi service, sightseeing company, hotel, restaurant, institute, school or university other than the University of Hawai'i, or any other firm, company, individual, or agency;

b. Any intentional or unintentional injury, whether or not resulting in death to me or to any other person or persons, caused, in whole or in part, by me, whether alone or together with or in association with others;

c. Any intentional or unintentional damage or injury to property, whether personal, real or mixed, owned or in the custody or possession of me, or any other person, caused, in whole or in part, by me, whether alone or together with or in association with others;

d. Any financial and other obligations or liabilities that I may personally incur during the duration of the Program, including without limiting the generality of the foregoing, any obligations or liabilities incurred by me in any country in which the Program is conducted; and,

e. Any injury or loss whatsoever suffered by me during the periods of independent travel (which I understand are unsupervised) or during any absence from the Program's supervised activities.

f. Any and all claims for property damage, personal injury, bodily injury, death, lost revenues, and other economic loss and/or environmental damage, directly or indirectly arising from or related in any way to the Program's host institution's use, handling, transmission, storage, and processing of any personal information and/or data included in my academic, medical and other relevant records provided to the Host Institution in connection with my participation in the Program.

2. **Assumption of Risk.** I understand and acknowledge the dangers and risks involved in my participation in the Program including the potential for Injuries/Damages. These Injuries/Damages may be caused by actions or inactions of myself or others participating in the Study Abroad program, travel to and from the site of the Study Abroad program, and/or the conditions where the Study Abroad program occurs.

(a) Risk of Travel. I understand and acknowledge that my participation in the Study Abroad program involves out-of-state, international and/or overseas travel via automotive vehicle, aircraft, vessel, or other modes of transportation, and that there are dangers and risks

associated with such travel that include, but are not limited to, Injuries/Damages arising from collisions; mechanical failure of vehicle, airplane or other mode of transportation, operator error; storms, floods, earthquakes, hurricanes, typhoons, volcanic eruptions, and/or other natural disasters; terrorist, war, or armed conflict activities, rebellions, riots or other acts of civil commotion; epidemics, pandemics, and other regional, national, or international public health emergencies, inadequate medical care and/or remote access to medical treatment; and governmental actions, restrictions or requirements.

(b) Limitations of US Laws. I understand that while travelling or residing in any foreign country, the protections of the laws, rules, and law enforcement procedures of the United States of America, the State of Hawai'i or the University may not be available to me.

(c) Host Country Regulations. I understand that while travelling or residing in any foreign country that I will be subject to the laws, rules, and law enforcement procedures of that country. Any violation of such laws is beyond the control of the University. I agree to abide by all applicable laws in the Program's country.

I acknowledge that there may be other Injuries/Damages not known to me or not readily foreseeable at this time.

I HAVE READ AND UNDERSTOOD THE ABOVE RISKS AND I VOLUNTARILY CHOOSE TO PARTICIPATE IN THE PROGRAM. I FULLY ACCEPT AND ASSUME ALL RISKS OF ANY INJURIES/DAMAGES RESULTING FROM MY PARTICIPATION IN THE PROGRAM. I have read and understood all written materials setting forth the requirements for my participation in the Program and I will observe, follow, and comply with all verbal and written instructions.

3. **Waiver and Release**. I hereby waive, release, and discharge any and all claims, demands, actions, rights, and causes of action for any and all Injuries/Damages, known or unknown, related to, arising from, or traceable either directly or indirectly to my participation in the Program (collectively the "***Released Claims***").

4. **Indemnify, Defend, and Hold Harmless**. I accept full responsibility for my participation in the Program and I agree to indemnify, defend, and hold harmless the University of Hawai'i, and its past, present and future Board of Regent members and University officers, employees, agents, and assigns from any and all Released Claims and any and all demands, actions, judgments, injunctions, orders, directives, penalties, assessments, liens, liabilities, losses, damages, costs, and expenses (including attorneys' fees), arising or resulting from or caused by any of my acts or omissions (or by any person for whom I am responsible) during, involving, or related to my participation in the Program.

5. **Medical Consent**. I consent to, and authorize any medical professional and others working under their supervision to provide medical treatment or care to me for any injury or illness arising from or related to my participation in the Program and agree to pay any and all medical expenses, costs and other charges, and to release, discharge, indemnify, defend, and hold harmless the University of Hawai'i, and its regents, officers, employees, agents and assigns from and against any and all liability, claims, demands or actions arising from or

connected with such medical treatment or care.

I give permission to the University of Hawai'i to undertake any emergency/urgent treatment or medical care for me that may be deemed necessary for my health. If my hospitalization is deemed to be medically necessary, I give permission for my hospitalization. I authorize the University and its agents, at their discretion, to place me, at my own expense, in a hospital within or outside the United States for medical services and treatment, or, if no hospital is readily available, to place me with a local medical doctor for treatment. I further authorize the University and its agents, at their discretion, to transport me from the Program's location/country, by commercial airline or otherwise, at my own expense, to a hospital or medical facility within or outside the United States for medical services and treatment. In the event the University or its agents advance or loan any money to me or incur special expenses on my behalf while I am abroad, I agree to make immediate repayment upon my return to Hawai'i.

6. **Health and Safety.** I understand and agree that the University of Hawai'i has the discretion to remove me from the Host Institution and the Program's location/country if the University believes in its judgment that my health, safety or welfare is threatened or compromised for any reason. I give permission to the University and its agents, to undertake any action they may consider to be warranted under the circumstances regarding my health and safety, and I release, discharge, indemnify, defend, and hold harmless the University, and its regents, officers, employees, agents and assigns from and against any and all liability, claims, demands or actions arising from or connected with such actions.

7. **Program Standards of Behavior.** I will comply with the Program's rules, standards and instructions for student behavior, as well as the policies, rules or guidelines of the Host Institution. I agree that the Program and/or the Host Institution shall have the right to enforce standards of appropriate behavior, and that at any time my participation in the Program may be terminated by the Program, the University and/or the Host Institution for my failure to maintain these standards or if I exhibit any behavior which the Program, the University and/or the Host Institution considers to be incompatible with the interest, harmony, comfort and welfare of the Program and the other students in the Program and at Host Institution. If my participation is terminated, I consent to being sent back to Hawai'i at my own expense with no refund of fees.

I understand that examples of violations include, but are not limited to:

- violating the terms and conditions of the accommodation rules and regulations ● if applicable, moving out of the accommodation assigned to me by the UH Unit and/or its agents on location without permission from the UH Unit and/or its agents on location
- engaging in behavior which threatens or harms another person (for example, physical abuse, sexual harassment, verbal abuse, threats, intimidation, stalking) ●
- violating any federal, state, or local laws and/or laws of the host country ●
- possessing and/or using any illegal drugs
- possessing weapons, explosives or other dangerous items
- stealing or theft of any kind
- soliciting or engaging in prostitution
- exhibiting drunkenness in public
- engaging in sexual activity in public

- vandalism and/or property damage

8. **Academic Performance.** I understand and agree that I must maintain satisfactory academic progress in all of my courses during my participation in the Program. If I fail to do so, the University and/or UH Unit retains the right to terminate my participation in the Program and send me home at my own expense. Furthermore, the University and/or UH Unit retains the right to sever my ties to the Program at the specified location.

I understand that examples of violations include, but are not limited to:

- my classroom participation being incompatible with the interest, harmony, comfort and welfare of the program and with other students in the class
- my failure to attend all classes and mandatory activities
- my failure to adhere to established schedules for classes and mandatory activities
- my failure to complete assigned readings and any other homework prior to attending the class
- my failure to take all required exams
- my failure to satisfy the class requirements
- if applicable, my failure to submit written assignments to my Faculty Resident Director
- my failure to submit my assignments in the language of instruction
- my cheating and/or plagiarizing on any assignments and exams
- my failure to adhere to the University's, UH Campus' and Host Institution's student conduct code and other applicable policies/guidelines

9. **Additional Program Conditions of Exchange.** In addition to the terms and conditions set forth in this Agreement, I agree to bound by and shall comply with all of the terms and conditions relating to my participation in the Program contained in **Exhibit A** attached hereto and incorporated herein by reference.

10. **Dismissal from the Program.** I understand and agree, that the UH Unit and/or the Host Institution, has the right to terminate me from the Program for any violations including, but not limited to, those set forth in items 7, 8, and 9 above.

11. **Alteration of Program.** I understand and agree that the Program reserves the right to make cancellations, substitutions or changes in case of emergency or changed conditions or in the interest of each group. I understand and agree that if performance of the Program conditions or agreements must be altered because of a Force Majeure Event (as defined below), the University shall have the right to make such alteration or cancellation of part or all of the Program as the University, in its sole discretion, deems necessary.

A Force Majeure Event includes, but is not limited to, strikes, boycotts, picketing, slow-downs, work stoppages, or labor disputes; restrictions or requirements imposed by laws or government actions with the force and effect of law; priorities, rationing, curtailment, or shortage of labor or materials; war, revolution, acts of terrorism, or any matter or thing resulting therefrom; embargoes, acts of God, or severe weather or climatic conditions (such as storms, hurricanes,



typhoons, earthquakes, tornadoes, volcanic eruptions, earth movements, tsunamis, and floods); acts of the public enemy, acts of superior governmental authority, riots, rebellion, sabotage, fire, or accidents; epidemics, pandemics, quarantines, or regional, national, or international public health emergencies; or any other cause or causes beyond the reasonable control of the affected party or parties.

12. **Confidentiality.** I understand that the University and UH Unit cannot guarantee the confidentiality and/or use of my personal information and/or data included in my academic, medical and other relevant records provided to the Host Institution in connection with my participation in the Program.

I certify that I am 18 years or older*, and I have read this Agreement and I understand that I am giving up substantial rights, including the right to sue. I am participating in the Program freely and voluntarily. I agree that: (a) this Agreement applies to my entire enrollment in the Program, including any extensions, (b) the laws of the State of Hawai'i shall apply to this Agreement, (c) if any portion of the Agreement is invalid, the remainder of the Agreement shall continue in full force and effect, and (d) this Agreement supersedes any and all prior written or oral understandings or agreements between the parties.

Signature of Participant

Print Name

Date

*For students under the age of 18, please have a parent or legal guardian read this Agreement and sign the statement below:

As the parent or legal guardian of the student whose signature appears above, I have fully read and understand the conditions outlined above, have given my child or ward permission to participate in the Program, and agree to be bound by the conditions outlined above.

Signature of Parent/Legal Guardian

Print Name

Date