Release, Indemnification, Waiver, and Hold Harmless Agreement

In consideration for being allowed to participate in Independent International Academic Work/Research for the University of Florida, I hereby RELEASE and DISCHARGE the University of Florida, the Board of Trustees, The State of Florida, their employees, agents and assigns (RELEASEES) from any and all liability, arising out of any loss, damage, or injury, including death that may be sustained by me, or to any property belonging to me, or both including but not limited to any claims, demands, actions causes of action, judgments, damages, expenses and costs, including attorneys' fees, which arise out of, result from, occur during or are connected in any manner with my participation in said program or any related travel or activities, including such loss, damage, injury or death that may result from RELEASEES' own negligence, and I further WAIVE any right I might otherwise have and COVENANT NOT TO SUE said RELEASEES in connection with any such liability.

I am fully aware of risks and hazards connected with participation in independent international academic work/research, and related activities, including but not limited to exposure to infection and infectious diseases, rebellion, political unrest, internal turmoil, traffic accidents, and crime, which could result in serious or mortal illness, injuries and property damage, and am fully aware that there may be risks and hazards unknown to me connected with such participation, and I hereby voluntarily elect to participate in international academic work/research, and related activities, knowing that conditions may be hazardous or dangerous to me and my property.  I am also aware that there are additional hazards attendant to traveling in foreign countries, including but not limited to problems that may arise because I may not be a citizen of the countries and areas being visited, because I may not be fully conversant with the language spoken in and cultural practices of those countries and areas being visited, because I will be subject to the laws or regulations of the country visited, and because of the world wide potential danger of terrorist attacks.

I am fully aware that international academic work/research can be physically and mentally rigorous, and the possibility of illness, accident or death is always a concern.  Furthermore, I am aware that the University of Florida strongly recommends that I receive assurances from a physician regarding the rigors of travel as they relate to any special conditions and/or needs I may have.  I understand that the program does not routinely employ health professionals, and I recognize that it is my responsibility, and not the responsibility of RELEASEES, to secure any physical or mental health support I may require while abroad.

I am fully aware that most US health insurance coverage provides very limited coverage abroad and does not provide for direct payment for medical services abroad and that I likely will have to make payments and file a claim with my insurer upon my return to the US.  Furthermore, I recognize that it is my responsibility, and not the responsibility of RELEASEES, to secure any physical or mental health support I may require while abroad.

I further hereby AGREE TO INDEMNIFY, DEFEND AND SAVE AND HOLD HARMLESS the RELEASEES and each of them, from any loss liability, damage or costs including court costs and attorneys’ fees they may incur as a result of any claims, demands, actions, causes of action, damages or judgments, which arise out of, occur during, or are in any way connected with my participation in the program or any related travel or activities.

In signing the release I ACKNOWLEDGE and REPRESENT that:

• I have read the foregoing release, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreement, have been made;

• I am at least eighteen (18) years of age and fully competent;

• I execute this release for full, adequate and complete consideration fully intending to be bound by the same and intending to bind my heirs, successors, assigns, personal representative and estate;

• I have been approved to engage in international academic work/research by my faculty supervisor and Chair;

• I agree that this Release, Indemnification, Waiver and Hold Harmless Agreement is to be construed under the laws of the State of Florida, U.S.A. and the venue shall be in Alachua County Florida.  If any portion hereof is held invalid, the balance hereof shall continue in full force and effect.