

## **Agreement for Participation in the 2008 UGA Political Transformation and Social Change in South Africa Program**

I, (print name) \_\_\_\_\_ a participant in the 2008 UGA Political Transformation and Social Change in South Africa Program (hereinafter "Program"), hereby agree as follows:

1. I have read and understand the attached [itinerary](#) and [Consular Information Sheet](#).
2. I will comply with The University of Georgia's student conduct regulations throughout the duration of my participation in the Program, as well as the standards of conduct of the host institution. I agree that the Program Director shall have the right to enforce appropriate standards of behavior and that I may be dismissed from the Program at any time for failure to comply with such standards.
3. I understand that engaging in political activity in the host country, including but not limited to joining political parties or unions, participating in demonstrations, soliciting political material or picketing may be dangerous and/or illegal. If I have legal problems because of such activities, I understand that Board of Regents of the University System of Georgia (hereafter "University") cannot provide legal counsel.
4. I understand that as an American citizen in a foreign country, I will be subject to the laws of that country. I agree to comply with those laws, as well as with the regulations of the host university, including refraining from using, possessing or selling any illegal drugs. I understand that being charged with any infraction of the laws of the host country, including possession of any illegal drugs, is grounds for immediate expulsion from the program, without refund. In addition, I understand that should I have any legal problems in the host country, I will be responsible for any legal costs incurred as a result. The University cannot provide legal counsel in such circumstances.
5. The University strongly discourages owning or operating motor vehicles (including motorcycles, mopeds, and all other motorized vehicles, as well as cars) while participating in study abroad, due to the inherent dangers of driving in a country with different traffic laws, driving habits, and regulations relating to insurance. If I decide to operate a motor vehicle while abroad, however, I recognize that the University or its agents or employees assume no financial responsibility for any property damage, bodily injury or personal injury related to my operation of a motor vehicle, including, but not limited to, automobile repairs and medical care if I am involved in an accident.
6. I understand and acknowledge that there are inherent health risks associated with traveling abroad. I agree that I am personally responsible for obtaining all health information, instruction, medical procedures, immunizations and medications appropriate to my intended travel. I recognize that the University is not responsible for any of my medical or medication needs and I assume all risk and responsibility therefore. I further agree that if I become incapacitated, the University, through its agents and employees, may take whatever action deemed necessary with respect to my health and safety. I authorize the University, its agents and employees to place me, at their discretion and without my further consent, in a hospital or in the care of a local doctor for medical services and treatment. If necessary or desirable, I also authorize the University, through its officers, agents or employees, to transport me back to the United States by commercial airline or other transportation as deemed appropriate, for medical treatment. I agree that I will be fully responsible for any and all expenses, including transportation costs, associated with or in any way related to my medical care. I understand that I am required to purchase medical insurance that will cover me during the period of the study abroad program for accidents, illnesses, medical evacuation and repatriation of remains. I understand that the Office of International Education at the University of Georgia strongly recommends that I visit the UGA Travel Clinic or another appropriate facility to receive additional, country-specific health and travel information.

7. I understand that if I choose to travel independently and/or to engage in recreational activities, sports, tours, or any other activities during free time and outside of organized University study abroad program activities that such travel or activities will not be supervised by The University of Georgia, its agents or employees, and that the University or its agents or employees shall have no responsibility or liability for any injury, damage or loss suffered by me during such periods of independent travel or activities.

8. I understand that this is an academic program, and will follow the rules set for class attendance and participation by each professor, including doing all assigned work and taking all examinations. I realize that noncompliance with these rules may result in a failing grade which will be reflected on my University of Georgia transcript. I am aware that I will receive no academic credit for a failing grade.

9. I agree that in the event that I become detached from the group due to failure to meet the group at an assigned time, I will bear all responsibility to seek out, contact, and reach the group at its next available destination, and I understand that I will bear all the costs involved in contacting and reaching the group.

10. I understand that the University reserves the right to make cancellations, changes or substitutions in the Program at any time because of emergency, changed conditions or the Program Director's determination that such changes or substitutions are in the best interest of the Program or its participants. I understand that the University is not responsible for the cost of replacing airline tickets if the carrier goes into bankruptcy, nor if the Program is cancelled. I further understand that if any emergency, weather delay, or other unavoidable situation leads to a delay in my return to the U.S., I am responsible for my living costs for the additional time spent abroad and for penalties or costs related to changed airline tickets.

11. I understand that if my participation in the Program is terminated by the Program Director, I will be dismissed with no refund of fees. If I am dismissed before completion of the Program, I agree that I will be responsible for any and all costs and expenses associated with my return home, and that I will also be responsible for my own travel arrangements home. I also understand that if I leave the Program voluntarily for any reason, including illness, I will be responsible for any and all costs and expenses associated with my return home and that there will be no refund of any fees.

12. I understand that if this program contains an alcohol-related cultural event (ex., wine tasting, etc.), that this event is not compulsory, and that I will be solely responsible for any injuries or property damage arising in relation to my participation in the event.

13. I agree that, should any provision or aspect of this agreement be found to be unenforceable, all remaining provisions of this agreement will remain in full force and effect.

I certify that I am at least 18 years of age or, if not, that I have secured below the signature of my parent or legal guardian as well as my own. This consent is given freely and voluntarily by me without coercion, distress, threat or promise of any kind. I certify that I understand and have read the above carefully before signing.

I certify that I have read and understood the above.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian (for students under 18)

\_\_\_\_\_  
Date

*Person to be Notified in Case of an Emergency*

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Address \_\_\_\_\_

E-mail \_\_\_\_\_

**Release, Waiver of Liability and Covenant Not to Sue  
(Read Carefully Before Signing)**

I hereby acknowledge my awareness that my participation in the 2008 UGA Political Transformation and Social Change in South Africa Program activity may expose me to risk of property damage and bodily or personal injury, including death. I understand that the risks that I may encounter include but are not limited to transportation accidents, sickness and criminal acts, Hepatitis A and B, malaria, rabies, avian flu, typhoid, tetanus, diphtheria, measles, polio, diarrhea, E. coli, salmonella, cholera, parasites, typhoid fever, toxoplasmosis, dengue, filariasis, leishmaniasis, onchocerciasis (river blindness), African sleeping sickness (trypanosomiasis), insect bites, plague, rickettsial infections, schistosomiasis, tuberculosis, HIV, diarrhea, typhoid, tetanus, diphtheria, measles, mumps, crime including violent crime and gang conflicts, wild animal attacks, and international or domestic terrorist incidents as well as other risks that may not be foreseeable. I have been informed and understand that there are inherent risks and dangers involved in the 2008 UGA Political Transformation and Social Change in South Africa Program activity. I knowingly and freely assume any and all such risks and voluntarily participate in the 2008 UGA Political Transformation and Social Change in South Africa Program.

In exchange for the use of equipment, materials, supplies and for being allowed to participate in this event, I hereby release and forever discharge the University of Georgia, the Board of Regents of the University System of Georgia, their members individually and their officers, agents and employees from any and all claims, demands, rights, expenses, actions, and causes of action, of whatever kind, arising from or by reason of any personal injury, bodily injury, property damage, or the consequences thereof, whether foreseeable or not, resulting from or in any way connected with my participation in this activity.

I further covenant and agree that for the consideration stated above, I will hold forever harmless and will not take legal action against the University of Georgia, the Board of Regents of the University System of Georgia, its members individually, and their officers, agents, and employees for any claim for damages arising or growing out of my participation whether their actions were negligent, willful, or intentional.

I certify that I am at least 18 years of age, or, if not, that I have secured below the signature of my parent or legal guardian as well as my own. This consent is given freely and voluntarily by me without coercion, duress, threat or promise of any kind. I certify that I understand and have read the above carefully before signing. I understand that I am not subject to any adverse action if I do not sign.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Student

\_\_\_\_\_  
Signature of Parent or Guardian (for students under 18)

\_\_\_\_\_  
Date