Statement of Responsibility, Release of Liability, Authorization and Acknowledgement of Risks to participate in an International Internship

I, ____________________________, hereby indicate my desire to participate in an international internship with ___________________________ during the period of ___________________________ to ___________________________. My participation in this program is completely voluntary.

If and/or when I accept the international internship, I:

- assume full legal and financial responsibility for my activities.
- will be responsible for full costs (whether already paid or not) associated with my internship other than the CISI insurance being covered by the International Internship Program office at UW-Madison;
- understand the University, its employees, agents and representatives are not responsible for safeguarding and preserving my health or safety during my internship;
- realize that accident and health insurance, as well as insurance for medical evacuation and repatriation, which are applicable inside and outside of the United States is recommended for international travel. IIP will purchase CISI insurance on my behalf for the duration of my internship, but I acknowledge that I am ultimately responsible for obtaining insurance sufficient for my needs while overseas and for treatment in the event I return to the US for medical treatment during or after my internship. I understand that the University requires me to have appropriate insurance coverage for the entire time I am abroad and I hereby assert I have such coverage.
- agree to conform to all applicable policies, rules, regulations and standards of conduct as established by the University, any sponsoring organization and/or foreign affiliates;
- agree voluntarily and without reservation to forever release from liability, covenant not to sue, indemnify and hold harmless the University, the Board of Regents of the University of Wisconsin System (Board of Regents) and their respective officers, employees, and agents from any and all present and future 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, or 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 an international internship, including any travel incident thereto.
- understand, that the university cannot and does not provide a 24/7 emergency contact service, and the study abroad emergency contact phones are for students enrolled in an official, credit-bearing study abroad program only. I further acknowledge there are unavoidable risks in travel overseas that may not ordinarily be encountered at home or on campus. Those risks include, but may not be limited to:
  - traveling to and within, and returning from, one or more foreign countries;
  - foreign political, legal, social and economic conditions;
  - different standards of civil defense procedures, design, safety and maintenance of buildings, public places and conveyances;
  - local medical and emergency services;
  - local weather and environmental conditions;
- which may result in minor injuries, more serious injuries including broken bones, and in some cases, even death.

I have read the foregoing entire document and have had the opportunity to ask questions about it. I hereby acknowledge that I understand it. Knowing the risks described, and in consideration of being permitted to participate in the program, I agree, on behalf of myself, my spouse, my family, heirs and personal representatives, to assume all the risks and responsibilities of undertaking an independent international internship.

I hereby expressly agree that this release and waiver is intended to be as broad and inclusive as permitted by the laws of Wisconsin and that if any portion is held invalid, it is agreed that the balance of the agreement shall continue in full legal force and effect.

THIS AFFECTS YOUR LEGAL RIGHTS. PLEASE READ BEFORE SIGNING.

Please initial and date previous page and sign below:

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Participant's Signature      Date                  Signature of Parent or Guardian Date
(if participant is less than 18 years of age)

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Participant's Name (please print)                  Parent/Guardian Name (please print)

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ID Number