

RELEASE AND ASSUMPTION OF RISK

International Travel – Ottawa Field Trip October 25-27, 2019

I, (Name of Student) _____ with MaineStreet ID # _____,
of (Address) _____,
a student from the University of Maine, being of legal age (having been born on _____),
acknowledge, declare and agree as follows:

1. That I have voluntarily agreed to participate in the **Ottawa Field Trip** in **Ottawa, Ontario, Canada** from **October 25, 2019 to October 27, 2019** and in consideration of being permitted to participate in this program, do voluntarily execute this “Release and Assumption of Risk” on behalf of myself, my heirs and next-of-kin, my personal representatives and my estate.
2. That this program of travel-study, which is elective and optional to me, will consist of activities arranged by the Ottawa Field Trip organizers and optional activities of my own choosing and will involve my travel and staying abroad from approximately **October 25, 2019 to October 27, 2019**.
3. That the University of Maine System and the University of Maine (hereinafter referred to as the “University”) have apprised me that there may be dangers and hazards inherent to participants in such programs, traveling in foreign countries and because of the extensive travel involved, and that I personally recognize and appreciate that such dangers and hazards exist. I understand that the University is not a guardian of my safety, and I accept and assume full responsibility for all harm and injury, of every nature including death, which may occur to me or which I may suffer, and for all damages or loss to any personal property owned by me, while I am participating in this program and during all travel and transportation to and from **Ottawa, Ontario, Canada** or any other location, and in furtherance thereof I agree to indemnify and hold harmless the University, its Trustees, faculty, employees and agents from and against any and all claims, demands, actions or causes of action, on account of damage or loss to my personal property, my personal injury, or death, which may occur or result directly or indirectly from my participation in this program, and not as a direct result of any negligent act of the University, its Trustees, faculty, employees or agents.
4. I declare that I am able to physically withstand and cope with the indicated rigors of this program, with or without an accommodation. If an accommodation is needed, I will contact trip organizer **Mark J. McLaughlin (mark.j.mclaughlin@maine.edu)**.

5. I request that this "Release and Assumption of Risk" be construed and interpreted pursuant to the laws of the State of Maine, and if any portion thereof is held invalid, I request the remainder continue in full force and effect.

I declare that I completely understand and have fully informed myself of the terms and conditions of this "Release and Assumption of Risk" by having read it, or having it read to me, before signing.

Signature

Date



HEALTH & SAFETY FORM

Traveling to a different environment may pose emotional and physical challenges. It is important that you provide us with as much information as possible so that we can prepare you for your travel abroad program and assist you with any accommodations. The information provided in this form will not be used to exclude you from the program unless it has been determined that your participation poses a significant risk of substantial harm to yourself or others. The information is for use in the event of an emergency or other health matter. The information provided will remain confidential.

This form must be completed by you, or by a parent/guardian if you are not of legal age.

Name: _____ **MaineStreet ID:** _____

Birth Date: ____/____/____ **Gender:** _____

Program Abroad: OTTAWA FIELD TRIP

Program Start & End Dates: October 25-27, 2019

Student History

Are you generally in good physical condition? If no, please explain.

Are you currently experiencing or being treated for any physical health condition, injury or disease which may impact your ability to safely participate in travel and trip activities, or which may pose a threat to others? If yes, please explain.

Are you currently taking any medications? If yes, please explain and also indicate if any of your medications require refrigeration.

Do you have any known allergies to drugs or foods? If yes, please list them and what happens when you come in contact with the allergen.

Do you believe you have a disability that requires accommodations for your participation? If yes, please explain and provide what accommodations you would require. The program will provide reasonable accommodations to qualified individuals with disabilities upon request. Please note that accommodations may not match what you currently receive in the U.S.

Is there any other information that you think would be helpful for us to be aware of?

Specific Consent/Authorizations:

In the event of an emergency, I authorize the release of medical information to the Ottawa Field Trip organizers or health care providers.

Signature _____ Date _____

(Signature of Parent required if the participant is under 18)

UNIVERSITY OF MAINE SYSTEM RELEASE AGREEMENT

I, _____, hereby grant and authorize the University of Maine System, acting through the University of Maine, (hereinafter UMS) its employees and agents to make use of, license or assign the use of, my image, appearance, likeness, voice and/or photograph, and other reproductions of any of these, in still photographs, videotapes, publications, audio, sound recordings, web sites, electronic and other media and/or motion pictures, (hereinafter all of which are included in the term "Material") and to do so with or without mention of my name.

I understand and agree that I am to receive no compensation of any kind, monetary or otherwise, on account of or arising from the production, publication, recording, rebroadcasting, or other use of such Material.

UMS shall have complete ownership of the Material produced or published and shall have the exclusive right and license to make such use of that Material as it wishes, including, but not limited to the right of performance, display, reproduction and distribution in all media, and the right to create, perform, display and distribute derivative works of the Material.

I agree to indemnify and hold UMS, the University, its employees and agents, harmless from and against any and all claims, damages, lawsuits, judgments, and expenses, including reasonable attorneys' fees, that UMS may become liable to pay or defend arising out of or caused by any matter or material furnished or spoken by me in connection with my appearance.

I hereby release UMS, its employees and agents from all expenses, claims and liabilities incurred by me arising out of or in connection with my appearance and/or the use of the Material, except to the extent that those expenses, claims or liabilities are the direct result of the negligent acts or omissions of UMS, the University, its employees or agents.

This agreement shall be governed and construed according to the laws of the State of Maine.

If under 18, must be signed by parent or guardian:

DATE SIGNATURE PLEASE PRINT NAME

ADDRESS PHONE NUMBER

IF APPLICABLE, SIGNATURE OF PARENT OR GUARDIAN OF