



of the program shall have the right to dismiss the Participant from the program. The  
8. Participant further agrees that, if expelled from the program, s/he is responsible for all expenses of the program, including return to the point of origin, and that no refund of fees will be given.

9. Participant also acknowledges and understands that, should s/he develop legal problems with any foreign nationals or government of the host country, Participant will attend to the matter personally, with his/her own personal funds. Upstate Medical University is not responsible for providing any assistance under such circumstances.

10. Participant agrees that s/he will be responsible for all medical and related expenses incurred while participating in the program. Participant is responsible for securing accident and medical insurance that meets SUNY standards.

**Submission of Required Forms:** Participant agrees to submit all required forms by the deadline.

**Travel and Accommodation:** Participant acknowledges and agrees to accept all responsibility for loss or additional expenses due to delays or other changes in the means of transportation, other services, or sickness, weather, strikes or other unforeseen causes.

Participant acknowledges and understands that the Upstate Medical University assumes no liability whatsoever for any loss, damage, destruction, theft or the like to the participant's luggage or personal belongings, and certifies that Participant has retained adequate insurance or has sufficient funds to replace such belongings.

Participant acknowledges and understands that in the event that s/he becomes detached from the trip group, fails to meet a departure bus, airplane or train, or becomes sick or injured, Participant will bear all responsibility to seek out, contact and connect with the trip group at its next available destination; and that Participant shall bear all costs involved in contacting and reaching the trip group at its next available destination.

Participant is solely responsible for securing any necessary immunizations prior to departure. All services and accommodations are subject to the laws of the country in which they are provided. Upstate Medical University in no way represents or acts as an agent for transportation carriers, hotels, and other suppliers of services connected with this program.

**I have carefully read this form before signing it.**

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Participant Signature

Date

Under Federal regulation, Upstate Medical University is unable to release any information about you to anyone without your permission. But at times, you may want us to release information regarding health matters, travel arrangements and personal safety. If you would like us to share any information about you with an emergency contact while you are abroad, please indicate below the full names and contact information for these contacts. Please include any restrictions on the information to be shared, if any. If you do not wish to designate anyone, please indicate this at the bottom of the form.

First Contact:

Full name: \_\_\_\_\_ Email address: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Is this your emergency contact? (circle one) yes/no  
Address: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_  
Restrictions: \_\_\_\_\_

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Second Contact:

Full name: \_\_\_\_\_ Email address: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Is this your emergency contact? (circle one) yes/no  
Address: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_  
Restrictions: \_\_\_\_\_

\_\_\_\_ (initial) Do not release any information about me to anyone.

Name: \_\_\_\_\_ ID No: \_\_\_\_\_  
Print

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date this release expires and is no longer valid: \_\_\_\_\_



