



## EMERGENCY INFORMATION

Passport Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Please attach a copy of your passport. (If currently unavailable, be sure to submit by April 14.)

**In case of an emergency, please contact:**

\_\_\_\_\_

Relationship to me: \_\_\_\_\_

Emergency Contact's Home Phone: \_\_\_\_\_

Emergency Contact's Work Phone: \_\_\_\_\_

Emergency Fax Number (If not known, please locate one with your contact):

\_\_\_\_\_

## Health Insurance

All participants are required to be covered by a medical insurance policy while they are abroad. Please attach proof that your current health insurance will be effective during the dates of travel, and that coverage remains effective when overseas. Such *attached* proof may be:

A photocopy of your insurance card providing the policy number and effective dates, accompanied by an excerpt from your policy clearly stating that coverage extends to your stay abroad.

OR

A letter from your insurance agent specifying the same.

(If your current coverage will not be effective while overseas, we can suggest reputable and inexpensive short-term carriers to you.)

Health Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Health Insurance Carrier's Phone Number: \_\_\_\_\_

## **Medical Information**

The following questions are asked to determine your health history and any special medical needs you may have when you study abroad. Information provided will be treated confidentially. You will not be disqualified from participating based on disclosures below.

Please list any food allergies you have:

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Please list any allergies you have to medications:

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

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Are you currently being treated for any physical conditions? (If so, please explain.)

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Do you have any physical limitations that we should be aware of?

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I agree to consult my physician or other health service professional to receive vaccinations recommended by the CDC for travel to China.

I certify that all responses made on this form are true and accurate, and I will notify the URI Chinese Language Flagship Partner Program hereafter of any relevant changes in my health that occur prior to the start of the program. I understand that this form is for information purposes only and in no way implies the University of Rhode Island or Zhejiang University takes responsibility for my health.

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

\_\_\_\_\_  
Date



**THE LANGUAGE FLAGSHIP**

*Creating Global Professionals*

University of Rhode Island  
**CHINESE LANGUAGE FLAGSHIP PARTNER PROGRAM**

TI House, 61 Upper College Rd.  
Kingston, RI 02881

Phone: (401) 874-5566

Fax: (401) 874-7088

[epapa@uri.edu](mailto:epapa@uri.edu)

# Program Agreement and Release Form

## URI Chinese Summer Immersion Program

I agree to participate fully in all components of the URI Chinese Summer Immersion Program and further agree that the Field Coordinator or the Program Director must approve any deviation from the Program design in advance.

I also understand and fully agree that the Director, or the Field Coordinator may terminate my participation in the Program if I engage in actions endangering myself or others, I engage in unlawful activities, or I am disruptive or do not abide by the rules and regulations as set forth by the Director or the Field Coordinator. No refunds of any kind will be provided in the event I am removed from or leave the Program.

I (and if the participant is a minor, the undersigned parent or guardian) agree that in the event of an emergency, as determined by the Field Coordinator, and staff, may contact personnel handling the emergency and share with such personal information, if any, regarding the nature and circumstances of the emergency and obtain from said personal all necessary medical, health care information or other appropriate information. In the event that the participant is a minor, the undersigned parent or guardian, hereby authorizes and gives his/her consent to the Field Coordinator and or staff and/or hospital, emergency facility, physician or other health care professional to provide such emergency medical care or treatment of any injury or illness suffered by the minor participant.

Insurance: I understand that although the University of Rhode Island is a sponsor of the trip, it does not assume responsibility for any loss, injury or damage to person or property, in connection with this trip which results from causes beyond the control of, and without the fault or negligence of the University.

Release: I release and waive, and further agree to indemnify, defend and hold harmless, the University of Rhode Island and the Board of Governors for Higher Education, their employees and agents (including any host institution) from and against any and all claims, demands, or actions which I, my spouse, my heirs, administrators, executors, representatives, and assigns may have for any losses, damages, or injuries, including death, arising out of or in connection with my participation in the trip or the rendering of any emergency medical procedures or treatments and all related costs and expenses, if any.

Pledge: I agree to fully comply with the rule of the University and its agents, its host facility, and any travel facilities. I agree that the University has the right to enforce its standards of conduct and should I fail to comply with them, the University has the right to terminate my participation in the trip with no refund of monies paid. I further agree that the policies of the University and the host facility, if any, may be applied to me, as a participant and the University shall have the right to exercise the policies of the University and or the host facility at any time.

I have read and understood the terms and conditions set forth in this Release Form and in the descriptive information about the program. I acknowledge that I have been advised of the risks inherent in travel of this type, and hereby agree to assume any such risks inherent in the travel associated with this program. I am signing this Release Form in consideration of my participation in the program.

Name of Participant: (Please Print) \_\_\_\_\_

Signature of Participant: \_\_\_\_\_

**If the applicant is a minor, under age 18:**

Signature of legal guardian: \_\_\_\_\_

Name of legal guardian: (please print) \_\_\_\_\_

Relationship to applicant, participant: \_\_\_\_\_, and address and phone:

\_\_\_\_\_

# Program Agreement and Release Form (Student's Copy)

## URI Chinese Summer Immersion Program

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I also understand and fully agree that the Director, or the Field Coordinator may terminate my participation in the Program if I engage in actions endangering myself or others, I engage in unlawful activities, or I am disruptive or do not abide by the rules and regulations as set forth by the Director or the Field Coordinator. No refunds of any kind will be provided in the event I am removed from or leave the Program.

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Insurance: I understand that although the University of Rhode Island is a sponsor of the trip, it does not assume responsibility for any loss, injury or damage to person or property, in connection with this trip which results from causes beyond the control of, and without the fault or negligence of the University.

Release: I release and waive, and further agree to indemnify, defend and hold harmless, the University of Rhode Island and the Board of Governors for Higher Education, their employees and agents (including any host institution) from and against any and all claims, demands, or actions which I, my spouse, my heirs, administrators, executors, representatives, and assigns may have for any losses, damages, or injuries, including death, arising out of or in connection with my participation in the trip or the rendering of any emergency medical procedures or treatments and all related costs and expenses, if any.

Pledge: I agree to fully comply with the rule of the University and its agents, its host facility, and any travel facilities. I agree that the University has the right to enforce its standards of conduct and should I fail to comply with them, the University has the right to terminate my participation in the trip with no refund of monies paid. I further agree that the policies of the University and the host facility, if any, may be applied to me, as a participant and the University shall have the right to exercise the policies of the University and or the host facility at any time.

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Name of Participant: (Please Print) \_\_\_\_\_

Signature of Participant: \_\_\_\_\_

**If the applicant is a minor, under age 18:**

Signature of legal guardian: \_\_\_\_\_

Name of legal guardian: (please print) \_\_\_\_\_

Relationship to applicant, participant: \_\_\_\_\_, and address and phone:

\_\_\_\_\_

## PHOTOGRAPH AGREEMENT/RELEASE FORM FOR THE URI CHINESE SUMMER IMMERSION PROGRAM

I am aware that photographs may be taken on this Summer Study Abroad Program with the University of Rhode Island. Additionally, I am aware that the Chinese Language Flagship Partner Program and Chinese Summer Immersion Program at the University of Rhode Island may use photographs of myself for various academic/promotional purposes. My photographs may be seen on the URI Chinese Language Flagship Partner Program and Chinese Summer Immersion Program websites, and also at promotional events such as the Study Abroad Fair. I understand that these photographs will be used in conjunction with the Chinese Language Flagship Partner Program and Chinese Summer Immersion Program at the University of Rhode Island for educational purposes only.

I do allow photographs.

I do not allow photographs.

Signed \_\_\_\_\_

Date \_\_\_\_\_

**PHOTOGRAPH AGREEMENT/RELEASE FORM FOR THE  
URI CHINESE SUMMER IMMERSION PROGRAM**

(Student's Copy)

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I do allow photographs.

I do not allow photographs.

Signed \_\_\_\_\_

Date \_\_\_\_\_