

**PROGRAM AGREEMENT AND RELEASE FORM
URI SUMMER STUDY PROGRAM IN (SALAMANCA) SPAIN**

I agree to participate fully in all components of the Study Program in Spain, and further agree that any deviation from the Program design must be approved in advance and in writing by the Director of the Program ("Director").

I also understand and fully agree that the Director 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 set forth by the Director or the Colegio Hispano Continental. No refunds of any kind will be provided in the event I am removed from or I leave the Program.

Consent: I agree that in the event of an emergency, as determined by the Director, he or his designee may contact the person identified to be contacted in case of emergencies and share with the said Contact Person the nature and circumstances of the emergency and obtain from said person all necessary medical or health care information. In the event that I am unable to give my consent or the participant is a minor, then I, or the undersigned parent or guardian, hereby authorize(s) and give(s) my/his/her consent to the Director and/or any hospital, emergency facility, physician or other health care professional to provide such emergency medical care or treatment of any injury or illness suffered by me or the minor participant, including anesthetic, blood transfusion and surgery, during the Program, as recommended by said medical authorities.

Insurance: I understand that I am responsible to obtain my own insurance and 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 comply fully with the rules or policies of the University and its agents, the host institutions and/or any travel facilities. I agree that the University has the right to enforce its standards of conduct and that 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 institution, if any, may be applied to me as a participant and that the University shall have the right to exercise the policies of the University or the host institution at any time.

I have read and understood the terms and conditions set forth in this Program Agreement and 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 I hereby agree to assume any such risks inherent in the travel associated with this program. I have signed this in consideration of my participation in the program.

Emergency Information (please print clearly)

Contact Person: _____ Telephone: _____
Address: _____

Name of Participant: _____

Telephone: _____
Address: _____

Signature _____

(Signature of legal guardian for a Participant under age 18)

PHOTOGRAPH AGREEMENT/RELEASE FORM FOR THE URI SUMMER STUDY ABROAD PROGRAMS

(to be submitted with application)

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 Office of International Education at the University of Rhode Island may use photographs of myself for various academic/promotional purposes. My photographs may be seen on the URI International Education Website, and also at Promotional events such as the Study Abroad Fair. I understand that these photographs will be used in conjunction with the Office Of International Education at the University of Rhode Island for educational purposes only.

I do allow photographs

I do not allow photographs

Signed _____

Date _____