I hereby indicate my desire to pursue veterinary medical training at a location outside the United States. I understand this is not a formal program sponsored by the University of Wisconsin-Madison School of Veterinary Medicine. However, I want to be considered for academic credit for this experience. My participation in this international experience is voluntary and without reservation.

In seeking this international experience I:

1. assume full legal and financial responsibility for my participation in this experience.
2. will be responsible for all associated costs.
3. grant the University, its employees, agents and representatives the authority to act in any attempt to safeguard and preserve my health or safety during my participation in the experience, including authorizing medical treatment on my behalf and at my expense and returning me to the United States at my own expense for medical treatment or in case of an emergency.
4. 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 are required for my participation in this experience. 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 the international experience that I have arranged. I understand that the University encourages me to have appropriate insurance coverage for the entire time I am abroad.
5. agree to conform to all applicable policies, rules, regulations and standards of conduct as necessary in order to be considered for academic credit for this experience.
6. understand that circumstances may arise that prevent me from completing the international experience I have planned, or that prevent me from earning academic credit for the experience.
7. agree voluntarily and without reservation to indemnify and hold harmless the University, Board of Regents of the University of Wisconsin System (Board of Regents) and their respective officers, employees, and agents from any and all 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, and 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 the international experience including any travel incident thereto.
8. understand that although the university has made every reasonable effort to provide me with information to help me assess safety and health issues that may arise while I am
engaged in this international experience, there are unavoidable risks in travel and study 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.

9. understand that there is currently a United States Department of State Travel Warning (see attached) for ___________________________ and have read this warning document and assume all responsibility for my personal safety.

I have read the foregoing 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 request possible academic credit for the experience, I agree, on behalf of my family, heirs and personal representatives, to assume all the risks and responsibilities surrounding my participation in the planned international experience.

__________________________________________  ______________________________________
Participant’s Signature  Signature of Parent or Guardian

(if participant is less than 18 years of age)

__________________________________________  _________________________________
Date  Participant’s Name (please print)

__________________________________________  _________________________________
ID Number  ID Number