

**Texas A&M-Commerce**  
**Joe B. Hinton Office of International Programs**

***Study Abroad Emergency and Liability Forms***

Submit these forms to the Office of International Programs,  
Ferguson Social Sciences, Room 220  
Tel: (903)468-6034

Office of International Programs  
Social Sciences, Room 220  
Commerce TX 75429

Tel. 903.468.6034  
Fax. 903.468.6036

Email: [Titilola.Adewale@tamuc.edu](mailto:Titilola.Adewale@tamuc.edu)  
[www.tamuc.edu/internationalstudies](http://www.tamuc.edu/internationalstudies)

Texas A&M –Commerce International Programs - Emergency and Liability Packet

Revised 09/25/2018

**Waiver of Liability and Hold Harmless Agreement  
Texas A&M University - Commerce**

**Form A page1 of 2**

1. I \_\_\_\_\_, a Texas A&M University-Commerce student have the opportunity to participate in the \_\_\_\_\_ program, a study abroad program to take place beginning \_\_\_\_\_ through \_\_\_\_\_.

2. As a student of Texas A&M University-Commerce, I understand that I am subject to all rules governing the student code of conduct as defined in the Student Handbook. Furthermore, I understand that I will be subject to disciplinary action in accordance with these rules for infractions thereof.

3. In consideration with receiving permission to participate in this study abroad program (herein referred to as **ACTIVITY**), which is sponsored by Texas A&M-University-Commerce (herein referred to as **SPONSOR**), a component member of the Texas A&M University System, I hereby **RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE, AND AGREE TO HOLD HARMLESS** for any and all purposes **SPONSOR**, The Texas A&M University System, the Board of Regents for the Texas A&M-Commerce University System, and their officers, servants, agents, volunteers, or employees (herein referred to as **RELEASEES**) **FROM ANY AND ALL LIABILITIES, CLAIMS, DEMANDS, OR INJURY, INCLUDING DEATH**, that may be sustained by me while participating in such activity, or while on the premises owned or leased by **RELEASEES**. I acknowledge there may be physically strenuous activities. I know of no medical reason why I should not participate.

4. I am fully aware that there are inherent risks involved with **ACTIVITY**, including but not limited to risks involved in traveling to and within, and returning from, one or more foreign countries; I understand that such travel may be by plane, train, hired bus, or other mode of transportation that may or not be owned or under the control of Texas A&M University-Commerce. As a participant in **ACTIVITY**, I voluntarily choose to travel by these conveyances. Other risks associated with **ACTIVITY** include but are not limited to those risks associated with foreign political, legal, social and economic conditions, different standards of design, safety and maintenance of buildings, public places and conveyances; and risks associated with local medical and weather conditions. I have made my own investigation of these risks, and I choose to voluntarily participate in said activity with full knowledge that said **ACTIVITY** may be hazardous to me and my property. **I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH**, that may be sustained by me as a result of participating in said activity. I further agree to indemnify and hold harmless the **RELEASEES** for any loss, liability, damage or costs, including court costs and attorney's fees that may occur as a result of my participation in said activity.

5. I agree to assume full responsibility for my safety and the safety of my property at all times including the time that I am transit to and from the **ACTIVITY** site. I understand that I may be sometimes traveling in areas having higher than average rates for crime, especially theft of property. I further agree to assume full responsibility for my own safety and the safety of my property at all times while participating in said **ACTIVITY**.

6. I understand that **RELEASEES** do not maintain any insurance policy covering any circumstance arising from my participation in this activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage.

7. It is my express intent that this Covenant Not to Sue and Agreement to Hold Harmless shall bind the members of my family and spouse, If I am alive, and my heirs, assigns and personal representatives, If I am deceased, and shall be governed by the laws of the State of Texas.

8. In signing this Covenant Not to Sue and Agreement to Hold Harmless, I acknowledge and represent that I have read the foregoing Covenant Not to Sue Agreement to Hold Harmless, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements apart from the foregoing agreement that has been reduced to writing have been made. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future.

**SIGNED** this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

**Participant:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Parent or Legal Guardian:** \_\_\_\_\_  
(If Participant is under 18 years old)

**WITNESS:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

# Travel Itinerary

# Form B

Name: \_\_\_\_\_

Program: \_\_\_\_\_ Period of study: \_\_\_\_\_

Use the following sample to complete the chart below. Begin with the initial city and end with arrival at your final destination. Please be certain to mark whether you will be traveling on a group flight.

**\*\*EXAMPLE\*\***

	Departure City/Arrival	Group Flight	Departure Arrival Time	Airline	Flight Number	Date
From: To:	Laredo Dallas	No	6:00 am 7:30 am	American Eagle	1203	8/25/03
From: To:	Dallas London, Gatwick	No	4:30 pm 7:00 am	British Airways	210	8/25/03

**Departure Plans:**

	Departure City/Arrival	Group Flight	Departure Arrival Time	Airline	Flight Number	Date
From: To:						
From: To:						
From: To:						
From: To:						

**Passport Information**

NAME \_\_\_\_\_

PROGRAM \_\_\_\_\_ PERIOD OF STUDY \_\_\_\_\_

SEX (M) \_\_\_\_\_ (F) \_\_\_\_\_ STATUS (single) \_\_\_\_\_ (married)

FATHER'S NAME \_\_\_\_\_ MOTHER'S NAME \_\_\_\_\_

DATE AND PLACE OF BIRTH \_\_\_\_\_

NATIONALITY \_\_\_\_\_ PROFESSION (Student, Lawyer, etc.) \_\_\_\_\_

PASSPORT NUMBER \_\_\_\_\_ PLACE PASSPORT ISSUED \_\_\_\_\_

DATE PASSPORT ISSUED \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

**\*\* Please attach a copy of the passport data page with your picture on it**

**IMPORTANT:** Be sure that the inside cover of the passport is completed and that you have signed your passport before you attempt to use it.

\*\*\* Be certain to notify us of your return plans as soon as they are confirmed

# Health and Travel Insurance

Form C page 1 of 2

Students who participate in a TAMU-Commerce approved study abroad program must purchase health insurance for the duration of their Study Abroad Program. Health insurance coverage (CISI) is offered by the university which is full coverage insurance and is mandated by the Texas A&M University System.

### Instructions:

Use this link: <https://www.mycisi.com/CISIPortalWeb/default.aspx>. Enter **sponsor code TAMUS-COMMERCE, the exact dates for your program and your birth date.** Rates vary between \$1 and \$2 per day. When you have completed the enrollment process, you will receive an email with your insurance card in pdf form. Please attach the card with your forms or you can forward the email to [Lynda.Weatherbee@tamuc.edu](mailto:Lynda.Weatherbee@tamuc.edu).

I have read and understand the above information. I have health insurance, including repatriation and medical evacuation, which will cover me from \_\_\_\_\_ through \_\_\_\_\_.

Health Insurance Provider: \_\_\_\_\_

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

**Health Information**

*The purpose of this form is to help the Office of International Programs be of maximum assistance to you should the need arise during your study abroad experience. The Office of International Programs may not be able to accommodate all individual needs or circumstances. This information does not affect your admission into the program.*

**Medical History**

Yes \_\_\_ No \_\_\_ 1) Are you currently in good physical condition. (If no, please explain on the back of this page)

Yes \_\_\_ No \_\_\_ 2) Do you have any medical conditions that could affect your participation in this program? (i.e. allergies, major injuries, diseases, ailments)

Yes \_\_\_ No \_\_\_ 3) Are you taking any medications to treat the conditions mentioned above?

Yes \_\_\_ No \_\_\_ 4) Are you requesting any special accommodations due to physical or psychological conditions?

Yes \_\_\_ No \_\_\_ 5) Are you a vegetarian or on a restricted diet? (If yes, please explain)

Yes \_\_\_ No \_\_\_ 6) Is there any additional information (concerning medical conditions or physical abilities) that would be helpful for the program to be aware of? (If yes, please explain).

Date of Birth \_\_\_\_\_

Gender \_\_\_\_\_

**I certify that all responses on this Health Form are true and accurate, and I will notify the Office of International Programs of any relevant changes in my health that might occur prior to the start of the program**

**Signature of Participant**

**Date:**

*By signing this form I certify that I understand that I am responsible for the following duties related to my study abroad. The Office of International Programs does not provide for the duties listed here. My responsibilities are as follows:*

**1. RULES OF CONDUCT** It is the responsibility of the student to observe the same standards and rules of conduct while participating in the programs as they observe while physically on the Texas A&M University-Commerce (TAMU-C) campus (as set forth by the Office of Student Life, code of Student Conduct). Failure to maintain these standards is subject to review by the Dean of Student Services at TAMU-C. When misconduct is deemed serious enough, the student may be required to return to the United States without completing the study abroad program and without completion of course work, credit or grades.

**2. ACADEMIC ADVISING** It is the responsibility of the student to discuss study abroad with his/her academic advisor to determine which courses should be taken while abroad. The student must file the "Student Study Abroad Academic Advisement Form" form with the Office of International Programs.

**3. COURSE AVAILABILITY** The availability of courses at the host institution is not guaranteed. It is the responsibility of the student to work with his/her advisor to determine possible classes that can be taken abroad in the event listed courses are unavailable. The Office of International Programs cannot ensure availability at overseas sites.

**4. DOCUMENTATION OF COURSE WORK** It is the responsibility of the student to request that all transcripts be sent to the Office of International Programs. It is also the student's responsibility to bring back to TAMU-C information that will demonstrate what work was completed during the study abroad. Materials include syllabi, class notes, special projects, tests, and papers written for each class. These materials are required for the credit approval process.

**6. MANDATORY ORIENTATION** It is the student's responsibility to sign-up for and attend a pre-departure orientation given by the Office of International Programs prior to departure.

**7. PAPERWORK FOR STUDY ABROAD** It is the student's responsibility to ensure that all of the following items have been filed with the Office of International Programs: TAMU-C Study Abroad Application, All forms from the Emergency & Liability Packet, Copy of the program-specific application, Student Study Abroad Academic Advisement Form

**8. NOTIFICATION OF FINANCIAL AID OFFICE** It is the responsibility of the student to visit the Financial Aid and Scholarship Offices to finalize arrangements for disbursement of financial aid and scholarship monies before leaving campus.

**9. ADDRESS UPDATE** It is the student's responsibility to provide the Office of International Programs updated contact information. The credit process may be delayed if the information on file is incorrect.

**10. VISAS AND PASSPORTS** The student is responsible for obtaining a passport and the proper visa for the country to be visited prior to participation in a TAMU-C study abroad program.

**11. HEALTH INSURANCE/IMMUNIZATIONS** It is the responsibility of the student to purchase sufficient health insurance to cover him/her while abroad. It is the student's responsibility to obtain the necessary shots for travel abroad.

**13. SAFETY ISSUES** It is the student's responsibility to check with the web sites for State Department. Travel Advisories to be advised of any travel restrictions for Americans abroad. The web site is [www.travel.state.gov/travel\\_warnings.html](http://www.travel.state.gov/travel_warnings.html).

**14. PRE-REGISTRATION FOR RETURN SEMESTER** It is the responsibility of the student to pre-register for the semester after his/her time abroad. This may be done via the internet using the student's registration pin number.

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I understand and accept the responsibilities listed above.

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Signature of the Student

Date

**THE OFFICE OF INTERNATIONAL PROGRAMS WILL KEEP A COPY OF THIS FORM IN YOUR FILE. PLEASE TAKE YOUR COPY OF THIS FORM WITH YOU WHEN YOU GO ABROAD AS A REMINDER OF YOUR RESPONSIBILITIES.**



**TEXAS A&M UNIVERSITY-COMMERCE**  
**CREDIT ABROAD PROGRAM**  
**HEALTH DISCLOSURE**

**Form E**

**Please read this form and follow all instructions. FULL DISCLOSURE IS REQUIRED before you will be permitted to participate in any Texas A&M University-Commerce Credit Abroad Program.** It is very important that all sections are completed fully and accurately. The information on this form will assist health care providers should you require medical or counseling services during your term abroad. It will also be used to determine any special medical needs you may have when you study abroad. The information provided will be treated confidentially. However, you agree that this information will be used by program administration and given to your faculty director to make the director aware of any special medical needs you may have or medical issues that may affect your participating in the program.

NAME: \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

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**FIRST EMERGENCY CONTACT:**

NAME: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

**SECOND EMERGENCY CONTACT:**

NAME: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

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**PRIMARY CARE PHYSICIAN:**

NAME: \_\_\_\_\_ OFFICE PHONE: \_\_\_\_\_

INSURANCE CARRIER: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_