TRAVEL REGISTRY

Travel Registry: Conditions for Participation

All applicants are required to review and sign the following statement in order to take part in an international activity through the University of Northern Iowa (UNI). It constitutes Conditions for Participation in all UNI sponsored or co-sponsored study, work, research, internship, student teaching, volunteer, athletic, music and other activities abroad.

1. I understand and agree that, as a participant in the University of Northern Iowa (UNI) study/work/research overseas program, I am subject to the student conduct regulations described in the Student Handbook. I further understand that since I am participating in an international activity through a partner organization of UNI, I am also subject to the conduct regulations of that partner organization (e.g., an international school, an educational institution, etc.).

2. I agree to participate fully in all portions of the program overseas and agree that any deviation I will make from the program design must be approved in advance in writing by the program coordinator.

3. I agree that the program coordinator may terminate my participation in the program if: 1) I engage in actions endangering to myself or to others; or 2) my conduct is considered to be detrimental or incompatible with the best interest and welfare of the program. I further agree, if expelled from the program, to be responsible for all expenses incurred in returning to the United States.

4. I understand that I am subject to the laws of the host country and agree to abide by those laws. It is further understood that UNI and the U.S. government may be limited in its ability to provide assistance in the event of arrest and UNI may also institute disciplinary proceedings.

5. I am aware of the nature and the cost of the program. I shall be responsible for all financial obligations related to my participation in the program.

6. I agree to notify the program coordinator if I am planning extended individual travel during the program. Where possible, I will provide the program coordinator with details of the proposed trip including plane, bus, and train schedules.

7. I understand that UNI reserves the right to cancel programs in the case of insufficient participation or for reasons deemed appropriate. UNI also reserves the right to make changes to the program. I further understand that should the program, or any portion of the program, is changed or cancelled, UNI shall have no responsibility beyond the possible refund of deposits made or monies paid to UNI by the participants. Minor alterations in the program will not result in refunds.

I have read, understand, and agree to the conditions governing my participation in the UNI program overseas. I further understand the possible actions that will be taken should I act in a manner that is inconsistent with these conditions.

____________ I Agree (Please write your initials)
Travel Registry: Health Insurance Coverage Statement

I understand the requirement for health insurance for the duration of my stay overseas on a UNI program. International health insurance and emergency services through the Cultural Insurance Services International (CISI) provides coverage for University of Northern Iowa students, faculty and staff travelling internationally. This plan does not provide coverage in the U.S. and UNI students, faculty, and staff are strongly advised to maintain your own health insurance coverage while covered by CISI.

The UNI Study Abroad Center automatically enrolls student’s studying/working/conducting scholarly activities overseas once they are in the committed status on the iUNI Portal or in the Travel Registry. The cost of the coverage is either included in the program fee or charged separately, depending on the program.

For more information on CISI coverage, visit the following links:

- Iowa Regents Universities CISI Coverage Plan
- CISI Client Portal User Guide
- Insurance 101 Flyer
- CISI Participant Guide

_____________ I Agree (Please write your initials)

Travel Registry: Medical Authorization

If I incur or develop any injury or illness, then I hereby give my consent for medical treatment and permission to my overseas study/work program personnel to supervise and/or perform, as deemed necessary by the overseas study/work program personnel, on-site first aid for minor injuries, and to a licensed physician assistant to hospitalize and secure proper treatment (including injections, anesthesia, surgery, or other reasonable and necessary procedures) for me. I agree to assume all costs related to any such treatment.

BY WRITING MY INITIALS I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Medical Authorization and understand it and sign it voluntarily as my own, free act and deed; no oral representations, statements, or inducements apart from the foregoing written agreement have been made; I am at least eighteen (18) years of age and fully competent (if not eighteen, my parent(s) or guardian(s) agree with the terms of this document and sign it as such); and I execute this Agreement and Authorization for full, adequate and complete consideration fully intending to be bound by same.

_____________ I Agree (Please write your initials)
**Travel Registry: Submit Passport Information**

All travel outside of the United States requires travelers to present a valid passport. A copy of your signed passport photo page (and a visa page, if applicable) must be on file with the UNI Study Abroad Center to complete your Travel Registry information. The copy of your passport must be on file at least one month prior to your departure.

To upload a copy of your passport yourself: Go to your home page, under profile on the right hand side click on Edit Profile, click on the information tab, and under information you can select to upload a full-color passport copy by clicking browse, and then update. If you are unable to upload the passport scan yourself, you may e-mail a copy of passport pages IN COLOR to the UNI Study Abroad Center at study-abroad@uni.edu. If you are unable to scan your passport, simply bring your valid and signed passport to the SAC, we will gladly assist you.

____________ I Agree (Please write your initials)

**Travel Registry: Waiver of Liability and Hold Harmless Agreement**

Whereas I am about to participate in the overseas program listed above and I acknowledge that I understand that in consideration for my being permitted to participate in said study program, I do hereby, for myself, the members of my family and spouse if I am alive, and my heirs, assigns, and personal representatives if I am deceased, acknowledge and assume the risk of participation in the program and do hereby RELEASE AND FOREVER DISCHARGE the State of Iowa Board of Regents, State of Iowa, the University of Northern Iowa, and all their officers, faculty, employees, and agents (hereinafter referred to as "Releasees") whether accompanying said program or otherwise, from any and all claims, demands, actions or causes of actions on account of any injury to me or my property or on account of my death which may occur from any cause during or relation to the said study program, or any continuances thereof; and I do hereby expressly covenant and agree to refrain from bringing suit or proceedings at law or in equity or otherwise as provided by law, against any of said bodies or persons on account of any and all such claims, demands, actions or causes of action. I further AGREE TO INDEMNIFY AND HOLD HARMLESS THE RELEASEES from any loss, liability, damage or cost, including court costs and attorney's fees, which they may incur due to my participation in said program.

BY WRITING MY INITIALS I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Waiver of Liability and Hold Harmless Agreement and understand it and sign it voluntarily as my own, free act and deed; no oral representations, statements, or inducements apart from the foregoing written agreement have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Agreement and Authorization for full, adequate and complete consideration fully intending to be bound by same.

____________ I Agree (Please write your initials)

PRINT NAME:_________________________________           SIGNATURE:____________________________________

BY SIGNING this document, I certify that I understand this agreement and that I am signing a legal document. I acknowledge that I am the person whose name is listed above.