INTERNATIONAL EXPERIENCES STUDENT ELIGIBILITY FORM

This form determines eligibility for UNH-related international experiences that are not part of a formal study away program and is required of all students who participate on these types of activities. The definition of a UNH-related experiences is available at: http://www.unh.edu/global/unh-path

You are required to complete the top portion of this form and the following liability waiver and deliver them to your Dean’s Office. The Dean’s Office will review and forward to the Global Education Center.

I: To be completed by the student: Before submitting to your Dean’s Office: (1) this section must be completed and signed; (2) you must complete and sign the following liability waiver; both forms must be stapled together before submitting to the Dean.

Student’s Name (print): ___________________________ UNH ID #: ___________________________

I authorize the Dean’s Office and the Global Education Center to review and share my academic and conduct record with the appropriate international program/official:

College: ☐ CEPS ☐ HHS ☐ COLA ☐ COLSA ☐ PAUL ☐ TSAS ☐ UNHM

Signature: ___________________________ Date: ___________________________

Student UNH E-mail Address: ___________________________ Destination City/Country: ___________________________

International Experience Name/Host Organization: ___________________________

Purpose of the International Experience (please check all that apply):
☐ Recognized Student Org Activity ☐ Educational Tour ☐ Internship ☐ Community Service ☐ Research ☐ Conference
☐ Fulfilling academic requirement ☐ Traveling with UNH Professor/Staff ☐ Sponsored by UNH department/faculty/staff
☐ Varsity Athletics ☐ Other (please describe) ___________________________

Estimated Start Date: ___________ End Date: ___________

II. To be completed by the Dean’s Office

Is the student in good academic standing? ☐ YES ☐ NO

Does the student have a disciplinary record with the Dean’s Office? ☐ YES ☐ NO

Comments: ________________________________________________________________

______________________________________________________________

Respondent’s Name (print): ___________________________ Signature: ___________________________

Title (print): ___________________________ Date: ___________________________

III. To be completed by GEC

Has the student completed and signed the attached international experience liability waiver? ☐ YES ☐ NO

DEAN’S OFFICE, PLEASE UPLOAD TO BOX. CALL 862-2398 IF YOU HAVE QUESTIONS.

University of New Hampshire
INTERNATIONAL EXPERIENCE/PROGRAM TRAVEL RISK ACKNOWLEDGEMENT &
CONSENT TO FULLY RELEASE THE UNIVERSITY OF NEW HAMPSHIRE FROM FUTURE NEGLIGENCE

This Is a Release of Legal Rights - Read and Understand Before Signing

I, the undersigned, an applicant for an international experience or program (hereinafter referred to as the Experience) under the University of New Hampshire (hereinafter referred to as UNH) hereby agree as follows:

Risks of International Education Experiences: I understand that participation in this Experience involves risk not found in at UNH. These may include risks involved in traveling to and within, and returning from, one or more foreign countries; foreign political, legal, social, and economic conditions; different standards of design, safety and maintenance of buildings, public places and transportation; local sanitation, medical and weather conditions; social and sexual mores.

Travel Advisories and Areas of Increased Risk: I have carefully read and understood U.S. Department of State Travel Advisories (http://travel.state.gov/) and International SOS risk information (https://www.internationalsos.com-membership#11BCAS000009) related to my international destination(s). I understand that my destination country(ies) may contain areas of increased risk. I agree to follow all the U.S. Department of State and International SOS advice, including recommendations for areas of increased risk. I also know that there are heightened security, medical and/or natural disaster risks in these locales. I know I am not required or encouraged to travel to areas of heightened risk and I may not be coerced to travel to my destination(s).

Online Registration: I agree to register online with the U.S. State Department's Smart Traveler Enrollment Program (STEP) and International SOS to receive the latest travel risk alerts and to follow their recommendations. I furthermore agree to register my trip in the UNH International Travel Registry and keep my trip information up-to-date, as this is a requirement for communication and support in an emergency.

Risks of Air Travel: Participation in this Experience may require air travel. Air travel involves risks and could result in damage to property, injury to persons and death. UNH assumes no liability for damage, injury, and death, which may occur during air travel required by participation in this Experience.

My participation in this Experience is voluntary and I participate at my own risk. **Risks include: exposure to contagious diseases and illnesses-including COVID-19, bodily injury, death, property loss and/or damage, kidnap, extortion, and incarceration.** I have made my own investigation regarding risks of participation and I am willing to accept these risks.

Initial ________ Date__________

Parent/guardian initial if participant is a minor ________ Date __________

Health Risks

1. The international Program for which I am applying takes place in a community setting where there may be enhanced risk of exposure to contagious diseases and illnesses, including COVID-19. Due to the highly contagious nature of the virus that causes COVID-19, close contact with individuals or surfaces that have been exposed to the virus can lead to infection.

2. Use of Personal Protective Equipment (“PPE”), including facial coverings or masks, is recommended by the University and may be required by the Program, but does not remove all risks of illness. The University makes no representations and can give no assurances about the degree to which I may be exposed to COVID-19 through participation in the Program.

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3. I have consulted with a medical doctor with regards to my personal medical needs. I am aware of all applicable personal medical needs. There are no health-related reasons or problems that preclude or restrict my participation in the Experience.

4. I agree to meet any and all of my needs for payment of medical costs while I participate in the Experience. I recognize that UNH is not obligated to provide any of my medical or medication needs. If I require medical treatment or hospital care, in a foreign country or in the United States during the Experience, UNH is not responsible for the cost or quality of such treatment or care.

5. UNH may, but is not obligated to, take any actions it considers to be warranted under the circumstances regarding my health and safety. I agree to pay all expenses relating thereto and release UNH from any liability for any actions.

I voluntarily assume full responsibility for any and all dangers and risks of exposure to contagious diseases and illnesses, including COVID-19, associated with participation in the Program. I acknowledge and accept the risks of possible infection and assume all risk and responsibility for my medical needs.

Initial _______ Date __________
Parent/guardian initial if participant is a minor _______ Date __________

Standards of Conduct

1. I understand that each foreign country has its own laws and standard of acceptable conduct, including dress, manners, morals, sexual conduct, politics, alcohol and drug use, and behavior. I recognize that behavior which violates those laws or standards could harm UNH’s and the Experience’s relations with those countries and institutions therein, as well as my own health and safety. I will become informed of, and will abide by, all such laws and standards for each country to or through which I will travel during the Experience.

2. I also will comply with UNH’s and the Experience’s rules, standards, and instructions for student behavior. I waive and release all claims against UNH that arise at a time when I am not under the direct supervision of UNH or that are caused by my failure to remain under such supervision or to comply with such rules, standards, and instructions.

3. I acknowledge and understand that any violation of the above standards of conduct, could lead to sanctions being imposed on me that are consistent with UNH Student Rights, Rules, Responsibilities and International Travel Risk, including, but not limited to suspension or expulsion for the Experience.

4. I will attend to any legal problems I encounter with any foreign nationals or government. UNH is not responsible for providing any assistance under such circumstances.

Initial _______ Date __________
Parent/guardian initial if participant is a minor _______ Date __________

Independent Activity and Travel

1. I understand that UNH is not responsible for any injury or loss I may suffer when I am acting or traveling independently or am otherwise separated or absent from any Experience-related activities. This includes but is not limited to “free time” before the Experience begins, during the Experience or after the Experience ends.

2. I accept all responsibility for loss or additional expenses due to delays or other changes in the means of transportation, or other services, or sickness, weather, strikes, or other unforeseen causes.

3. If I become detached from the Experience group or program, fail to meet a departure by airplane, or train, or become sick or injured, I will, at my own expense, seek out, contact, and reach the Experience group at its next available destination.
I waive and release all claims against UNH that arise at a time when I am not under the direct supervision of the Experience or that are caused by my failure to remain under such supervision or to comply with such rules, standards and instructions.

Initial _________ Date _________

Parent/guardian initial if participant is a minor _________ Date _________

**Institutional Arrangements:** I understand that UNH does not represent or act as an agent for, and cannot control the acts or omissions of, host institution, host family, transportation carrier, hotel, tour organizer or other provider of goods or services involved in the Experience. I understand that UNH is not responsible for matters that are beyond its control. I hereby release the University from any injury, loss, damage, accident, delay or expense arising out of any such matters.

**ASSUMPTION OF RISK AND RELEASE OF CLAIMS** Knowing all the risks described above, and in consideration of being permitted to participate in this optional, voluntary Experience, I agree, on behalf of my family, heirs, and personal representative(s), to assume all the risks and responsibilities surrounding my participation in the Experience, including all dangers and risks of exposure to contagious diseases and illnesses, inclusive of COVID-19, as well as those which may occur during transit to or from any country where the Experience is being considered.

I shall defend, indemnify, hold harmless and protect the State of New Hampshire, the Trustees of the University of New Hampshire, their officers, employees, representatives, agents, students, and volunteers (UNH) from and against any and all liability, loss damage, expense, cost (including without limitation to costs and fees of litigation) of every nature arising out of or in connection with my participation in this optional off campus Experience thereunder or my failure to comply with any of my obligations contained in this Acknowledgement of Risk and Release Form, except such loss or damage which was caused by the sole negligence or willful misconduct of UNH.

The laws of the State of New Hampshire, which shall be the forum for any lawsuits filed under or incident to this agreement or to the Experience shall govern this agreement.

I have read and understand this agreement and I am aware that by signing this agreement I may be waiving certain legal rights, including the right to sue. No representations, statements, or inducements, oral or written, apart from the foregoing written statement have been made.

x_____________________________________________ ________________

Signature of Participant   Date

I am the parent or legal guardian of the above Participant and have read the forgoing Release Form (including such parts as may subject me to personal financial responsibility). I am and will be legally responsible for the obligations and acts of the Participant as described in this Assumption of Risk and Release Form, and agree, for myself and for the Participant, to be bound by its terms.

x_______________________________________________  ________________

(Parent or Guardian if Participant is under 18 Years old) Date

________________________________________________

(printed name)
INTERNATIONAL EXPERIENCE/PROGRAM POLICY ACKNOWLEDGEMENT & CONSENT FORM

This Is a Release of Legal Rights - Read and Understand Before Signing

I, the undersigned, an applicant for an international experience or program (hereinafter referred to as the Experience) under the University of New Hampshire (hereinafter referred to as UNH) hereby agree as follows:

Eligibility: I understand and agree that I must meet all UNH International Experiences Student Eligibility Requirements at the time of application and throughout the Experience. If I fail to meet the UNH International Experiences Eligibility Requirement at any point in this process, UNH shall revoke my eligibility. If my Eligibility is revoked, UNH will cease to be responsible for me in any way thereafter; I will not be able to earn UNH credits or transfer credits; and, I will not be able to maintain access to my financial aid.

Insurance: I understand that I will be covered by the UNH international travel assistance and insurance program only while enrolled in the Experience, only when I am outside the U.S., and, only if I have registered my trip in the UNH International Travel Registry. I also understand that I will not be covered for personal travel before the program’s official start date or after the program’s official end date. Furthermore, I (and my parents or guardian) agree to pay for any international travel assistance and insurance related expenses not covered by the UNH international insurance program. I have read and understood the UNH International Travel Assistance & Insurance Program Evidence of Benefits and additional student and claims information (https://www.unh.edu/global/).

Program Changes: UNH has the right to make cancellations, substitutions or changes in case of emergency or changed conditions or in the interest of the Experience. I understand that UNH’s fees and charges are subject to change.

Separation: Should I drop out of the Experience voluntarily or involuntarily, UNH will cease to be responsible for me in any way thereafter. In either of the foregoing events, this release shall remain in full force and effect. I understand that if I leave the Experience, there will be no refund of fees already paid to UNH.

Media: I understand and agree that any photographs and/or video that I submit to UNH may be used on the UNH website; UNH social media sites, including Facebook, Twitter, Snapchat, Instagram, and/or Pinterest; and UNH marketing and promotion materials.

EUROPEAN UNION GENERAL DATA PROTECTION CONSENT FORM

Pursuant to the terms and conditions of the European Union General Data Protection Regulation 2016/679 (hereinafter “EU GDPR”), your signature provides consent to University of New Hampshire (“UNH”), in its capacity as Data Controller, to the processing of Sensitive Data, and acknowledgement of the following:

1. All personal data concerning you that has been or will be provided to UNH that was created in the European Union and is related to your international experience, and the provision of related academic or student support services, will be processed and handled by UNH in accordance with the EU GDPR and UNH’s Privacy Notice(s) posted on its website at www.UNH.edu.

2. Personal data revealing ethnic origin, political opinions, religious or philosophical beliefs, sexual activity or sexual orientation, health, trade union membership, or criminal convictions and offenses (collectively “Sensitive Data”) may be requested by UNH. With the exception of criminal convictions, you are not obligated to provide Sensitive Data and do so on a voluntary basis. If Sensitive Data is provided to UNH, your signature below is consent to UNH to process Sensitive Data for the purposes described in this Consent and in accordance

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with applicable law. Sensitive Data may be processed by UNH for the following purposes and subject to appropriate safeguards:

a) Recruitment to participate in a UNH experience or program;
b) Performance of a contract with you and/or a partner institution, or in order to take action on your request prior to entering into the contract;
c) Compliance with a legal obligation in the U.S. or the European Union to which UNH is subject;
d) Protection of the vital interests of you or another person;
e) Performance of a task carried out in the public interest or in the exercise of official authority vested in UNH, including the enforcement of UNH’s academic policies and procedures, and the Student Code of Conduct;
f) The exercise or defense of legal claims;
g) Preventive or occupational medicine, or medical diagnosis of the health or treatment, or management of health and services for you;
h) Protection of public health and prevention of disease;
i) Archiving purposes in the public interest, scientific or historical research purposes, or statistical purposes.

3. Data processing will take place either within the offices of UNH on its campus located in Durham, New Hampshire, U.S.A, or within an information technology solution managed by a third party under contract with UNH. Data will be accessed by UNH and third parties under contract with UNH by persons who are responsible for the activities requiring access to the data for the purposes described in this Consent. By way of example, Sensitive Data may be communicated to public or private entities to whom access may be necessary in order to fulfill obligations set forth by U.S. or international laws and regulations in connection with your entry to and exit from the United States. Sensitive Data may also be communicated to public bodies and authorities (such as public hospitals, public safety authorities, police, courts, magistrates and the like) and to private entities (such as hospitals and clinics, security supervisors, insurance companies) for purposes relating to health and safety emergency and for the purposes of fulfilling obligations under applicable law.

4. The consent you are providing to UNH for use of Sensitive Data may be withdrawn by you at any time by notifying the UNH Global Education Center at Conant Hall 310, 10 Library Way, Durham, NH 03824 USA. The processing of Sensitive Data prior to the date of withdrawal of the Consent shall not be affected. Sensitive Data shall be destroyed by UNH after the expiration of retention periods imposed by applicable law or University policy.

Having read this notice provided by UNH, the undersigned, hereby:

- Gives his/her consent
- Does not give his/her consent

for the use of his/her information and Sensitive Data for the purposes outlined in this notice.

- Gives his/her consent
- Does not give his/her consent

for his/her information and Sensitive Data to be transferred to or from the United States pursuant to the terms, conditions and limits specified at Article 49 (1) (b) of the EU GDPR because the transfer is necessary for the performance of a contract.

**RELEASE OF CLAIMS**

I shall defend, indemnify, hold harmless and protect the State of New Hampshire, the Trustees of the University of New Hampshire, their officers, employees, representatives, agents, students, and volunteers (UNH) from and against any and all liability, loss damage, expense, cost (including without limitation to costs and fees of litigation) of every nature arising out of or in connection with my participation in this optional international experience or program thereunder or my failure to comply with any of my obligations contained in this Program Policy Acknowledgement and Consent Form, except such loss or damage which was caused by the sole negligence or willful misconduct of UNH.

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The laws of the State of New Hampshire, which shall be the forum for any lawsuits filed under or incident to this agreement or to the program shall govern this agreement.

I have carefully read this Release Form before signing it. No representations, statements, or inducements, oral or written, apart from the foregoing written statement have been made.

x_____________________________________________    _________
Signature of Participant                           Date

________________________________________________
(printed name)

I am the parent or legal guardian of the above Participant and have read the foregoing Release Form (including such parts as may subject me to personal financial responsibility). I am and will be legally responsible for the obligations and acts of the Participant as described in this Assumption of Risk and Release Form, and agree, for myself and for the Participant, to be bound by its terms.

x_____________________________________________    _________
(Parent or Guardian if Participant is under 18 Years old)    Date

________________________________________________
(printed name)