

**UNIVERSITY OF WISCONSIN-MILWAUKEE (UWM) AT WASHINGTON COUNTY & WAUKESHA
CONTINUING EDUCATION UNIFORM STATEMENT OF RESPONSIBILITY, RELEASE, AND AUTHORIZATION
TO PARTICIPATE IN A DOMESTIC FIELD TRIP/TRAVEL PROGRAM**

I, _____ (**PRINT First & Last Name**), hereby indicate my desire to participate in _____ sponsored by the University of Wisconsin-Milwaukee at Washington County & Waukesha, Department of Continuing Education on _____ to _____. My participation in this program is completely voluntary. I understand that I am being asked to read each of the following paragraphs carefully. I understand that if I wish to discuss any of the terms contained in this agreement, I may contact Holly Wehrhahn at 262-521-5460.

I will:

- 1) assume full legal and financial responsibility for my participation in the program;
- 2) will be responsible for full program costs (whether already paid or not) as stated in the withdrawal and refund schedule if I withdraw (or am required to withdraw) the program for any reason once the program has commenced unless otherwise stated in the program refund policy;
- 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 program including authorizing medical treatment on my behalf and at my expense and returning me to the state of Wisconsin at my own expense for medical treatment or in case of an emergency.
- 4) understand that all participants on UWM at Washington County & Waukesha tours are encouraged to purchase travelers insurance and that none of the staff in the Continuing Education office are insurance experts; therefore, all insurance coverage is my responsibility.
- 5) agree to conform to all applicable policies, rules, regulations, and standards of conduct as established by the University and any sponsoring institution, as well as program requirements, to insure the best interest, harmony, comfort, and welfare of the program;
- 6) accept termination of my participation in the program by the University with no refund of fees and accept responsibility for transportation costs home if I fail to maintain acceptable standards of conduct as established by the University, the sponsoring institution and/or foreign affiliates;
- 7) understand that the University reserves the right to make changes to the program at any time and for any reason, with or without notice, and that the University shall not be liable for any loss whatsoever to program participants as a result of such changes;
- 8) I give permission to be photographed by UWM at Washington County & Waukesha Continuing Education while traveling. I give permission for my name and/or photograph to be used with the understanding that it will only be used to illustrate and promote the UWM at Washington County & Waukesha Continuing Education travel program.
- 9) 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 of 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 participation in the program, including any travel incident thereto: and
- 10) acknowledge that I have read this entire document and understand its terms.

Participant's Signature (or parent/guardian if a minor)

Date