

**DISCLOSURE AND INDEMNIFICATION AGREEMENT FOR INTERNATIONAL TRAVEL**

**Basic Information**

**Participant (please print):** \_\_\_\_\_

**Program Name:** \_\_\_\_\_

**Dates of Travel:** \_\_\_\_\_

Orange County Public Schools (“OCPS”) strongly encourages its students, and employees who are contemplating travel abroad for educational or other purposes to plan well in advance and to take precautions to ensure a safe trip. All travelers should familiarize themselves with political, health, crime, and other safety-related conditions prevailing in any country and specific locations within the country(ies) to be visited. A review of these conditions should be performed by viewing web-based information provided by the U.S. Department of State (<http://travel.state.gov/travel/>) as well as information provided by various other cognizant agencies and governments.

**Checklist (please initial each)**

\_\_\_\_\_ I understand that I have access to international travel advisories, warnings, and general tips available to me through the United States Department of State located at <http://travel.state.gov/travel/>, and I understand that health risks associated with any such travel are described in the Center for Disease Control Health Information located at <http://wwwnc.cdc.gov/travel>. I acknowledge that I have read this information as it pertains to the country(ies) in which will be traveled to as part of the Program.

\_\_\_\_\_ I understand that the U.S. Government may not be able to provide any legal, medical or emergency assistance while the Participant is in the country(ies) listed above.

I hereby acknowledge that participation in the above-described program (hereinafter referred to as “the Program”) is voluntary. I acknowledge that the nature of the Program may expose the Participant to hazards or risks that may result in illness, personal injury, or even death, and fully understand and appreciate the nature of such hazards and risks. Such risks may include, but are not limited to, illness, personal injury, or death that is caused from traveling via any means of transportation to and from the Program and/or during the duration of the Program, as well as engaging in activities or events that are typically associated with the Program. I acknowledge that OCPS in no way represents, or acts as an agent for any entity including, but not limited to, transportation carriers or other suppliers of services connected with the Program.

I recognize that common liability insurance policies may not provide coverage outside of the United States and Canada. I understand that OCPS does not maintain any insurance policy

covering any circumstances, including, but not limited to, illness, personal injury or death, arising from my participation in the Program or any activity or event in any way associated with or facilitating that participation. I understand that the Participant is responsible to obtain appropriate insurance coverage to cover any possible circumstance or injury resulting from my participation in the Program.

I recognize and understand that the Participant will very likely encounter cultures and laws that are different from those in the United States. If any problems arise with foreign nationals or the government of a foreign country, Participant agrees to be fully responsible for resolving the matter and OCPS is not responsible for providing any assistance. Participant agrees to obey and comply with all laws of the country(ies) in and through which will be traveled to and visited, including local laws as well.

In consideration of participation in the Program, I hereby accept and expressly assume all risk to Participant's health and of injury or death that may result from such participation, and I hereby release OCPS, OCPS' its agents and employees (hereinafter collectively referred to as the "Released Parties"), in both their official and personal capacities, from any and all liability to Participant, Participant's personal representatives, estate, heirs, next of kin, and assigns, for any and all claims and causes of action for loss of or damage to Participant's property and for any and all illness(es) or personal injury(ies) to Participant, including my death, that may result from or occur during and as a result of participation in the Program and/or any of the above mentioned activities, whether caused by negligence of the Released Parties or otherwise. I understand and agree that should Participant choose to engage in non-Program related activities or events, that doing so is not part of the Program, and further, I hereby accept and assume all risks to Participant's health and of injury or death that may result from any participation in non-Program related activities or events, and I hereby release the Released Parties from any and all liability to Participant, Participant's personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to Participant's property and for any and all illness(es) or injury(ies) to Participant's person, including Participant's death, that may result from or occur during my participation in any non-Program related activities or events, whether caused by negligence of the Released Parties or otherwise. I further agree to indemnify and hold harmless the Released Parties from liability for the injury or death of any person(s), and/or damage to property, that may result from Participant's negligent or intentional act(s) or omission(s) while participating in the Program and/or related activities and/or while participating in any non-Program related activities or events.

Should Participant require emergency medical treatment as a result of accident or illness arising during the Program and/or related activities, Participant consents to such treatment. I acknowledge that OCPS does not provide health and accident insurance for Participants in the Program and I agree to be financially responsible for any medical bills incurred as a result of emergency medical treatment. I will notify OCPS representatives in writing, at least fourteen (14) days prior to departing the United States if Participant has medical conditions about which emergency medical personnel should be informed.

I agree that this Agreement shall be construed in accordance with the laws of the State of Florida, which shall be the forum for any lawsuit filed under or incident to the Program and/or this Agreement. If any term or provision of this Agreement shall be held illegal, unenforceable, or in conflict with any law governing this Agreement, the validity of the remaining portions shall not be affected thereby. I expressly agree that this Agreement is intended to be as broad and inclusive as permitted by the laws of the State of Florida.

---

(Print Name)

---

(Signature)

---

(Relationship to Participant)

---

(Date)

---

(Telephone Number)