

**OZARKS TECHNICAL
COMMUNITY COLLEGE**

**STUDY ABROAD PROGRAM
LIABILITY RELEASE, MEDICAL RELEASE,
AND HEALTH INSURANCE CERTIFICATION**

Instructions: Please read the following and sign the statements that follow. Students must sign in the presence of a witness. Make a copy for your personal records and return the original to the instructor in charge of the course. One completed copy of this form must be on file **before** a student can participate in a study abroad program.

1. **Liability:** Ozarks Technical Community College (OTC) reserves the right to make changes to the study abroad program itinerary at any time and for any reason, with or without notice, and the College shall not be liable for any loss whatsoever to participants by reason of any such cancellation or change. OTC is not responsible for penalties assessed by air carriers that may result due to operational and/or itinerary changes, regardless of whether the participant or the College makes flight arrangements. Any additional expense resulting from the above will be paid by the participant. The College reserves the right to substitute hotels or accommodations or housing of a similar category at any time. Room and housing assignments are within the sole discretion of OTC.

In conducting study abroad programs, OTC makes every effort to provide for the welfare and safety of the participants. On many programs, the official representative of OTC at the study abroad site will make such rules and regulations for the conduct of the participants as will reasonably safeguard the health, well-being, and safety of all such participants, taking into consideration OTC policies on student rights and responsibilities in addition to the laws of the host country. Recognizing, however, that participation in the program is voluntary and that there are certain inherent risks that the participant must assume, the participant understands that neither OTC, nor any cooperating institution, assumes any responsibility for damage to or loss of property, personal illness or injury, or death while a participant is in the program.

While the College will assist in providing information on health care and insurance, it is the individual student's responsibility to ascertain that he/she has adequate health and accident coverage, valid during his/her stay abroad, and has informed him/herself of the proper health precautions for the world region to be visited.

2. **Overseas Health Insurance Coverage:** It is important to realize that most U.S. health insurance coverage is not recognized overseas. The student will normally have to pay for medical service, and fill out a claim form to be returned to the home company for reimbursement. It is imperative for students to know the limits of their coverage, and to carry at least one claim form to be signed by appropriate medical persons abroad to facilitate reimbursement. Study abroad programs can be physically and medically rigorous and the possibility of illness or an accident is always a concern. Therefore, it is strongly advised that participants have a physical examination to

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receive assurance from a physician that they are able to participate. Additionally, it is advised that the student meet with the Program Instructor advisor prior to departure and provide confidential information of special conditions and/or needs such as, but not limited to, allergies, medication, treatment programs, or other medical concerns, so that if problems arise they are not a surprise.

3. Release/Certification Statements:

A. Liability Release Statement: I hereby release Ozarks Technical Community College and any cooperating institution and their officers and agents from any and all claims and causes of action for damage to or loss of property, medical or hospital care, personal illness or injury, or death arising out of any travel or activity conducted by or under the control of Ozarks Technical Community College or cooperating institution.

Student name (please print) and signature / Date Witness name and signature / Date

B. Insurance Certification Statement: I hereby certify that I am covered with health insurance which I have determined to be adequate and satisfactory for any injury or illness that might befall me while I am participating in an OTC study abroad program.

Insurance Company: _____
Policy Number: _____
Policy Holder's Name: _____

C. Medical Release Statement: In the event of injury or illness to the undersigned, I hereby authorize the representative of Ozarks Technical Community College, at my expense, to secure necessary treatment, including the administration of an anesthetic and surgery, and such medication as may be prescribed. It is further agreed that, if my condition so requires, I may be returned to the United States at my expense. I agree that if OTC makes any payments on my behalf, I will reimburse the College for such payments.

Student Name (please print) and Signature / Date Witness Name and Signature / Date

D. Emergency Contact Information:

Name	Phone	E-mail	Relationship
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If the participant is under 18 years of age at the date of signing, this form must also be signed by the participant's parent or legal guardian.

Parent/Legal Guardian Name (please print) and Signature Date