

AUSTRAL EXCHANGE STUDENTS- RESPONSIBILITY



Acknowledgement of Risks and Release of Responsibility

The Universidad Austral, through its Department of International Programs, offers students from many different educational institutions the opportunity to enroll as non-degree seeking students and participate in its activities. Certain potential risks to personal health and safety are associated with international travel and residence in a foreign country. Students should not participate in such programs unless they are willing to accept the associated risks. Please read, complete and sign this form, without which enrolment will not be allowed.

- I understand that there are certain risks associated with international travel and residence in a foreign country and that the Universidad Austral, through its Department of International Programs and its staff, cannot control these risks nor can guarantee the health and safety of participants in its programs.
- I understand that risks of studying in Argentina and at Universidad Austral may include but not be limited to exposure to potentially serious health and safety hazards such as: transportation accidents; storms, floods, earthquakes, and other natural disasters; infectious diseases, inadequate medical care, remote access to medical treatment; armed insurrections; and terrorist activities.
- I understand that the Universidad Austral cannot monitor nor control all of the daily personal decisions, choices, and activities of individual participants.
- I understand that the Universidad Austral cannot assure that foreign standards of due process apply in Argentine legal proceedings or provide or pay for legal representation for participants in its programs.
- I understand that the Universidad Austral may not assume responsibility for the actions of persons not employed or otherwise engaged by the university, for events that are not part of the program, or that are beyond the control of the sponsor and its subcontractors, or for situations that may arise due to the failure of a participant to disclose pertinent information.
- I understand and hereby acknowledge that I assume all risks incurred by my participation in an exchange or study abroad program.
- I assume responsibility for all the costs that my health insurance does not cover.

In consideration of being allowed to enroll and participate in the Universidad Austral, through its Department of International Programs, the undersigned hereby releases the Universidad Austral, its Board of Trustees, officers, agents and employees from any and all claims arising out of or in any way connected with its programs for international students and the undersigned's participation in these programs, including, but not limited to the risks as outlined above.

Signature: _____ Date: _____
Student name: _____ Passport #: _____

Parental consent (Required only if student is less than 21 years of age on the date this document is signed).

The undersigned parent or legal guardian of the above-named student, a minor, hereby consents to the participation of the said student in the Universidad Austral's program for international students, subject to the warnings stated above.

Signature: _____ Date: _____
Parent name: _____