



University of Colorado Boulder
International English Center
63 UCB
Boulder, Colorado 80309-0063

Phone: +001-303-492-5547
Fax: +001-303-492-5515
Email: edusaacademy@colorado.edu
Web: edusaacademy.colorado.edu

2018 WAIVER FORM AND MEDICAL TREATMENT AUTHORIZATION

Please type or print clearly.

APPLICANT INFORMATION (as it appears in your passport)

Family/Last Name _____ **First Name** _____ **Middle Name** _____
Gender: Male Female **Country of Birth:** _____ **Passport Number:** _____
Date of Birth: _____ **Country of Citizenship:** _____
Month / Day / Year

WAIVER FORM

I approve of my child's attendance at the EducationUSA Academy at the University of Colorado Boulder and certify that s/he is in good health and able to participate in the program activities. I hereby agree to indemnify and keep harmless the United States Department of State, the Bureau of Education and Cultural Affairs, World Learning, EducationUSA, EducationUSA Academy, the University of Colorado Boulder, the International English Center, and any and all agents/departments/employees against any and all liability, claims, judgments or demands for damages arising as a result of injuries sustained by the applicant during or as a result of any course or activity given the applicant during the EducationUSA Academy at the University of Colorado Boulder.

Although the EducationUSA Academy at the University of Colorado Boulder will take all reasonable steps to minimize risks for participants, I recognize that certain inherent risks may be involved in some program activities, including (but not restricted to) swimming, hiking, wilderness exploration, physical games, etc. Activities may result in exposure to plants, animals, insects, allergies, and associated diseases, and include the possibility of slips, falls, scrapes, etc, which could result in scratches, bruises, sprains, fractures, concussions, or even more life-threatening hazards. I am aware of the possible risks inherent in these activities, that this list is not complete, and that other unknown or unanticipated risks may result in injury or death. I agree to assume responsibility for risks herein identified and those not specifically identified. The applicant's participation in these activities is completely voluntary. I assume full responsibility for any and all bodily injury, death, and loss of personal property and expenses thereof as a result of any and all inherent risks and dangers associated with these activities.

I have read, understood, and accepted the terms and conditions of this document and acknowledge this agreement as legally binding upon myself, heirs, assigns, estate, and all members of my family, including minors.

Parent or Guardian's Name

Telephone Number

Parent or Guardian's Signature

Date (Month / Day / Year)

MEDICAL TREATMENT AUTHORIZATION

I, being the legal guardian of the above participant, authorize the EducationUSA Academy at the University of Colorado Boulder and its agents to request medical treatment as necessary or to transport the minor to a medical facility to insure the well being of the participant. I further authorize appropriate medical personnel to render such medical treatment as is necessary for the health of the minor. I agree to pay all costs associated with such medical care and transportation.

Parent or Guardian's Name

Telephone Number

Parent or Guardian's Signature

Date (Month / Day / Year)