

STUDENT EYE CARE MISSION WAIVER AND RELEASE AGREEMENT

I, _____, am a student at the University of Alabama at Birmingham School of Optometry (hereinafter "UABSO") and have elected to participate in an eye care mission with _____ ("the Program"). In consideration of choosing to take part in this program, I hereby agree, on this _____ day of _____, 200__, and represent that:

I understand that all students are considered adults and are expected to take responsibility for their actions while taking part in the Program or separate from the Program, will be considered to be done with my approval and understanding of any and all risks involved.

I understand that participation in such a Program may entail certain inherent risks. I agree that I have had the opportunity to ask questions regarding such risks and those questions have been answered to my satisfaction. I hereby elect to voluntarily participate in the Program. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, that may be sustained by me as a result of participating in the Program, unless it is caused by the gross negligence or willful misconduct of UAB, its officers, trustees, agents, employees or volunteers (the Releasees).

I have health insurance to provide adequate coverage for any injuries or illnesses that I may sustain or experience while participating in the Program, including but not limited to medical evacuation or repatriation. By my signature below I

certify that my health care coverage will adequately cover me while outside of the United States, and hereby release The Board of Trustees of the University of Alabama system and its officers, employees, representatives and agents (the Releasees) from any responsibility or liability for expenses incurred by me for injuries or illness (including death) that I may incur because of those injuries or illnesses.

I indemnify and hold harmless the released parties from any loss or liability whatsoever including reasonable attorneys' fees, caused by any act or omission of _____ as Student resulting from my participation as a Student in the Program.

I understand that I will obey all rules, regulations, and laws of _____, the country or countries to be visited, and all travel regulations, any rules or precautions issued by UAB's representative or by any associated institutions or organizations of the United States government. I also understand that in the sole discretion of the Program director, a violation of the above may result in immediate expulsion from the Program.

I understand that I am expected to attend and participate in all activities, classes, excursions that are a part of the Program unless as otherwise determined by the Program director.

I understand that if I elect to travel under any circumstances other than group travel arrangements made by UAB or

according to any other schedule before or after the scheduled time of the Program, UAB will cease to act as my sponsor. If I drop out of the Program either voluntarily or involuntarily, UAB will cease to act as my sponsor thereafter. In both of the foregoing events, this release shall remain in full force and effect.

I warrant that I am physically fit and in a condition that will allow me to participate fully in the Program. Releasees are relying on my warranty of my physical condition. I understand the Releasees have not made, nor will make, any investigation into my physical fitness or ability to participate in the Program.

I grant the Releasees permission to authorize emergency medical treatment as they deem appropriate in the event I cannot reasonably act in my own behalf. I understand and agree that the Releasees assume no responsibility for any injury or damage that might arise out of or in connection with such emergency medical treatment.

I understand that I, as a participant in this Program, will be viewed as an ambassador of UAB and the United States and by signing this agreement pledge to deport myself in a manner that reflects favorably on both. I further acknowledge that I sign this Release Agreement voluntarily and I am at least nineteen years of age.

Name of Participant (printed)

Signature

Date