

RESEARCH AND INNOVATION FELLOWSHIP FOR AGRICULTURE

CONDITIONS OF PARTICIPATION AND ASSUMPTION OF RISK AND GENERAL RELEASE FORM

THIS IS A RELEASE OF LEGAL RIGHTS – READ AND UNDERSTAND BEFORE SIGNING

I am a student at the University of California and have chosen voluntarily to participate in the Research and Innovation Fellowship for Agriculture Program. I have or will receive funding for research, study, work or travel in a foreign country or countries. I was not required to undertake this Project as a condition of receiving my degree. This agreement confirms my understanding of the following:

1. Risks of International Travel. I understand that participation in the Project including international travel involves risks not found in study at University of California. These include, but are not limited to, risks involved in traveling to and within, and returning from, international locations; foreign political, legal, medical, social and economic conditions; different standards of design, safety and maintenance of buildings, public places and conveyances, police and personal safety, and local weather conditions. The country or countries to which I will travel may have health and safety standards substantially below those enjoyed in the United States, and I recognize that I may be subjected to potential risks, illnesses, injuries and even death. I understand these risks and assume them knowingly and willingly.

I also acknowledge that in working, living and traveling abroad, I may experience problems associated with rural and urban living, including increased crime, pollution, high population density or standards of living and health standards that are not equivalent to life in the United States. I will take every precaution to safeguard my health and to protect my personal belongings from damage or theft. I acknowledge that University of California recommends that I never travel alone, particularly at night. Being alone, especially at night, may present additional danger to my safety and well-being.

I understand that, although University of California is providing funding and/or academic credit for the Project, it cannot guarantee my safety while I am abroad. I have read and understood all information on the following websites about the country or countries to which I am traveling:

- UC Trip Planner (<https://ermisp.ucop.edu/uctrip/enterERM.do>)
- U.S. State Department Travel Safety (<https://travel.state.gov/content/travel/en/international-travel/before-you-go.html>)
- U.S. Centers for Disease Control (<http://wwwnc.cdc.gov/travel/>)

With knowledge of this information, I further acknowledge that I have knowingly and voluntarily decided to go forward with my travel plan in connection with the Project.

2. Independent Travel. I agree to use any transportation provided by the Project for the duration of the Project. I take full responsibility for travel both to and from the Project location, and for any independent travel before the start of the Project or following its close.
3. Cost. I understand that I will be responsible for all costs of the Project beyond those covered by my fellowship and host organization as well as any additional expenses that I may incur during the Project.
4. Standards of Conduct. I recognize that I assume an important personal obligation to conduct myself in a manner compatible with local laws and regulations; with University of California policies for student conduct (including without limitation those set forth in the University of California PACAOS-100: Student Conduct and Discipline <https://policy.ucop.edu/doc/2710530/PACAOS-100>); and with the policies of my host institution (if any). I promise to act responsibly and will become informed of, and will abide by, all such laws, regulations, policies and standards. I will comply with University of California policies,

standards and instructions for student behavior. I agree that University of California has the right to enforce all standards of conduct described above.

5. Risks of Particular Activities. I agree not to engage in activities deemed by University of California or commonly understood to be dangerous to individual safety and/or Project integrity. These include, but are not limited to, motorcycling, hitchhiking, driving or renting a car, parachuting, bungee-jumping, hang-gliding, riding in private airplanes, rock climbing, white water rafting, scuba diving, and any other activity so designated by the Project. I understand that if I am unsure whether a particular activity is prohibited. I must discuss the activity with my Project leader and obtain advance approval before taking any steps to engage in that activity. I recognize, however, that approval by my Project leader does not mean that the activity is safe, and agree that I will assume all risks of engaging in any such activity.

6. Health Insurance; Medical Care; Health and Safety Concerns. I understand that I am responsible for obtaining any recommended immunizations before traveling to my destination. I carry valid and current medical insurance and have a valid insurance identity card to bring. I have determined that this insurance is adequate to cover injuries or illnesses that I may sustain while participating in the Project. I will be solely responsible for payment in full of all costs of medical care I may receive overseas and for registering these expenses with relevant insurance agencies.

I am also aware that, during my participation in the Project, I will be automatically enrolled in University of California's Travel Insurance policy, provided that my trip is registered, either by booking travel via Connexus / Aggie Travel or manually via the UC Away website (<https://ehs.ucop.edu/away>). This broad coverage includes medical care and evacuation, extraction for political and weather related reasons and is a supplement to, not a substitute for, health insurance. I have reviewed the information about this program available at: https://www.ucop.edu/risk-services/files/travel/SOCBenefitSummary2017-2018_2-term_Rev_10-6-17.pdf.

I understand and agree that if, during my participation in the Project, University of California learns that I am experiencing serious health problems, have suffered an injury, or am otherwise in a situation that raises significant health and safety concerns, then University of California may contact my parents or any other person whose name I have provided as my "emergency contact." I understand that University of California ordinarily will not initiate such contact without first having a discussion with me.

7. Travel Arrangements. I understand that University of California does not represent or act as an agent for, and cannot control the acts or omissions of, any host family, employer, transportation carrier, hotel, tour organizer or other provider of food, goods or services involved in the Project. I understand that University of California is not responsible for these arrangements and cannot warrant the safety or convenience of the circumstances under which I will be living or working.

8. Liability, Assumption of Risks, Indemnification.

Waiver of Liability: In consideration of being permitted to participate in any way in in this Project, I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue The Regents of the University of California, its officers, employees, and agents from liability from any and all claims including the negligence of The Regents of the University of California, its officers, employees and agents, resulting in personal injury, accidents or illnesses (including death), and property loss arising from participation in this Project.

Assumption of Risks: Participation in this Project carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries, including, but not limited to, Risks of International Travel outlined above. The risk of injury varies from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or

loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death.

Indemnification and Hold Harmless: I also agree to indemnify and hold The Regents of the University of California harmless from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in this Project and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

I certify that I am age 18 or older. I have carefully read and freely signed this Assumption of Risk and General Release.

Signed: _____ Date: _____

Student Name (print): _____

Emergency Contact Information

UC Davis Contact in Case of Emergency --24 hours per day, 7 days per week-- Campus Dispatch at **530-752-1230**, from where emergency reports will be channeled to the appropriate offices(s). For non-life threatening health or safety concerns, please contact Dena Bunnel (cell phone: +1 (785) 448-7576 or dmbunnel@ucdavis.edu) or Elana Peach-Fine (cell phone +56 9 6333 2948 or elana.ipo@gmail.com).

Your Full Name:

Student ID#:

Academic Department:

Permanent/Home Address:

Cell phone number:

In case of an Emergency, please contact on my behalf:

#1 Name:

Address:

Relationship: _____ Home Phone (____) _____ Work Phone
(____) _____

#2 Name:

Address:

Relationship: _____ Home Phone (____) _____ Work Phone
(____) _____

Your Age: _____ Birthdate: (mm/dd/yy) ____/____/____

In case of Emergency, please be aware of my medical information:

Physician's Name:

Physician Address:

Physician Phone:

Please describe any medical conditions that emergency staff might need to be aware:

I am taking the following medication(s):

I am allergic to:

Prescription Eyewear: Y ____ N ____

Do you have additional health insurance? Yes No If yes, please provide the following:

Name of Insurance Company:

Phone:

Address:

Policy Number:

Group Number:

Medical, Health, Travel Insurance

You will want to register your international trip with the University of California to be sure you are covered by the **free** travel insurance with UnitedHealthcare Global. Coverage is limited. Review coverage carefully. Be knowledgeable about what is and is **not covered** (https://www.ucop.edu/risk-services/files/travel/SOCBenefitSummary2017-2018_2-term_Rev_10-6-17.pdf) **Student travel insurance FAQs** (<https://www.ucop.edu/risk-services/files/travel/stu-offcampus-faq.pdf>).

In a life-threatening emergency, first contact the in-country emergency response service. If you need further assistance, use the number provided on your UnitedHealthcare Global (UHCG) insurance card. UHCG has agents worldwide and maintains a 24-hour emergency service providing expertise and practical help with travel assistance worldwide. iJET/Worldcue provides travel intelligence and security extraction services.

If you are not covered by UC health insurance during the full time you are abroad, HTH has individual international travel insurance policies for students. GeoBlue (<https://www.geobluestudents.com>) provides insurance for UC Davis Summer Abroad and other programs across campus. Others also exist. Be sure they are a reputable provider.

For more information regarding the (free) UC Travel Insurance policy and for answers to frequently asked questions, see: <http://www.ucop.edu/risk-services/loss-prevention-control/travel-assistance/index.html>. For questions regarding UC travel coverage and registration call (510) 987-9832, M-F 8:00-5:00 or email travelsecurity@ucdavis.edu.

NOTES ON COVERAGE:

All registered students are covered when participating in any off-campus, University-related activity. Coverage is FREE and there is no deductible, but you must maintain your own personal health insurance. The policy covers your entire off-campus trip for UC related activities. In addition, the policy provides for a 7 day personal “deviation” on foreign travel (i.e., if you arrive early or take personal days before or after the trip).

This insurance program does not constitute comprehensive health insurance. It does not cover non-emergency medical services, routine treatment for a medical condition, physical exams, vaccinations, routine checkups, other preventative care, and things of that nature. Further, in the event of a serious or catastrophic accident or sickness, this insurance may not be sufficient to provide full coverage and you will need other personal health insurance. Coverage includes “traveling companions” (e.g., spouse and children). The program provides \$15,000 per occurrence for domestic travel and \$500,000 per occurrence for foreign travel and is intended to provide some immediate treatment for medical emergencies arising from accidents sustained and sudden illness contracted during the course of the travel while participating in University activities.

You must complete and submit a claim form if you are seeking reimbursement for: [Student Accidental Dismemberment Claim Form](#); [Student Travel Accident and Sickness Claim Form](#); [Loss of Personal Effects and Money Claim Form](#); [Student Travel Accidental Death Claim Form](#).