

Form 1A: Waiver of Liability, Covenant Not to Sue and Indemnity

I, (print name) _____ faculty leader / teaching staff for the study abroad program(s) (hereinafter "Program") being serviced by AUIP, hereby agree as follows:

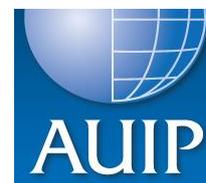
I agree to the following:

1. I understand that I am responsible for meeting the responsibilities and expectations set out in Form A: Faculty Responsibilities and Expectations Form.
2. I have read, and I understand and agree to abide by the policies and procedures contained in both the Faculty Handbook and Program Handbook supplied by AUIP, including the drug and alcohol policies, the discrimination and harassment policy, the academic policies and the conduct policies.
3. I understand that I am required to carry the emergency contact card (provided at the Program start), my insurance card, and the medical and accommodation contact details at all times during the Program.
4. I acknowledge that my participation in the Program may expose me to risk of property damage and bodily or personal injury, including injury that may prove fatal. I understand that some of the primary risks associated with study abroad programs include, but are not limited to, road accidents, airplane accidents, alcohol and drug-related incidents, hypothermia and hyperthermia, water-related accidents, hiking accidents, illnesses and political unrest. I also acknowledge that I have read the Consular Information Sheet for the country of study, issued by the U.S. Department of State and available at <https://travel.state.gov/content/travel/en.html>. I hereby assume any and all such risks.
5. I accept responsibility for my own well-being during any activities in which I choose to participate during free time.
6. I understand that I must stay with, and supervise, the group during all Program activities. I agree that in the event that I become detached from the group to manage a student health issue, I will bear all responsibility to ensure proper supervision for the remainder of the group, and I understand that I will bear all costs involved in contacting, reaching, and returning to join the group.
7. Without limiting any of the above, I acknowledge that AUIP acts solely as a coordinator for all persons taking the programs, and that it does not own, manage, control or operate any transportation, vehicle, accommodation, restaurant, or any other supplier of services (either educational or otherwise). I further acknowledge that all the services are provided subject to the terms and conditions specified by the suppliers thereof and are subject to the laws of the country where the services are provided. I further agree that AUIP only acts as facilitator for the Institution and the contractors, owners, and suppliers of services offered in such programs and that AUIP assumes no responsibility for the loss or damage to property, or for injury, illness, or death, or for any damages or claims howsoever caused arising directly or indirectly from accidents, natural or manmade disasters, loss or damage to persons or property, delays, transport failures, strikes, wars and uprisings, rioting or acts of God, etc. I further understand that if any emergency, weather delay, or other unavoidable situation leads to a delay in my return to the U.S., I am responsible for my living costs for the additional time spent abroad and for penalties or costs related to changed airline tickets. I understand that while AUIP will use reasonable endeavors to operate all programs as advertised, reasonable changes in the itinerary may be made without notice where deemed necessary or advisable by AUIP and AUIP will have no liability in respect of such changes or otherwise.
8. I acknowledge that AUIP is not able to review the personal background, details and records of each participant of the Program (including students, faculty, staff and partners) and determine the appropriateness or suitability of any participant for the study abroad program, and AUIP takes no responsibility for the acts or omissions of other participants, nor is AUIP liable in any way to me or any other participant for the acts or omissions of other participants.
9. I agree to refrain from engaging in sexual relationships with students in the Program.
10. I acknowledge that AUIP strongly discourages operating motor vehicles while participating in the Program, due to the inherent dangers of driving in a country with different traffic laws, driving habits, and regulations relating to insurance. If I decide to operate a motor vehicle while abroad, however, I recognize that AUIP and its agents and employees assume no financial responsibility for any property



damage, bodily injury or personal injury related to my operation of a motor vehicle, including, but not limited to, automobile repairs and medical care if I am involved in an accident.

11. I understand and acknowledge that there are inherent health risks associated with travelling abroad. I agree that I am personally responsible for obtaining all health information, instruction, medical procedures, immunizations and medications appropriate to my intended travel. I recognize that AUIP is not responsible for any of my medical or medication needs and I assume all risk and responsibility for the same. I further agree that if I become incapacitated, AUIP, through its agents and employees, may take whatever action is deemed necessary with respect to my health and safety. I authorize AUIP, its agents and employees to place me, at their discretion and without my further consent, in a hospital or in the care of a local doctor for medical services and treatment. If necessary or desirable, I also authorize them to transport me back to the United States by commercial airline or other transportation as deemed appropriate for medical treatment. I agree that I will be fully responsible for any and all expenses, including transportation costs, associated with or in any way related to my medical care. I understand that I am required to purchase medical insurance that will cover me during the period of the Program for accidents, illnesses, medical evacuation and repatriation of remains. I understand that AUIP strongly recommends that I visit a travel clinic or another appropriate facility to receive additional, country-specific health and travel information. I understand that some jurisdictions, such as New Zealand, exclude court action for personal injury and that my insurance must be sufficient to cover any long term physical or psychological events I may suffer.
12. I understand that all individuals accompanying AUIP's study abroad programs need to be willing to learn about their host cultures and be open to new ideas even though they may be culturally challenging. I am aware that it is both inappropriate and culturally insensitive to use this time to promote religious or political agendas; further, such behaviour can cause offense and potentially place me and other participants at risk of harm or liability. I understand that, while the U.S.A. respects the right of freedom of expression, this is not a universal right and may not be protected by law in some countries. Consequently, I will demonstrate respect for the host culture even though I may not agree with all aspects of that culture, and I understand that behaviour that is inconsistent with this statement may lead to the revocation of my permission to accompany the Program.
13. I specifically acknowledge that in respect of any program carried out in Fiji, I will stay in Fijian village homestays that are rural and have only very basic services and amenities. I understand that there are certain specific health and safety risks associated with these village homestays and that I will be given specific instructions on how best to protect myself from such risks. I understand that it is my responsibility to review and comply with these instructions and undertake all precautions as advised. I further acknowledge that AUIP is unable to undertake a formal audit of the village homestays and the persons operating them both in regard to the conditions and the people running the village homestays.
14. I understand that if I elect not to disclose medical and health information to AUIP, AUIP will not be liable for their decisions and/or actions that impact or result from those medical and health conditions. Notwithstanding the disclosure of specific medical information to AUIP, I acknowledge and agree that I am responsible for assessing the suitability of the Program in relation to my condition(s). I acknowledge and agree that while AUIP will try to make reasonable adaptations (where required) to accommodate needs associated with any medical condition disclosed to AUIP, special requirements cannot be guaranteed and AUIP will under no circumstances be liable for any personal injury, illness or death caused by or resulting from any failure to accommodate or meet the needs of any medical conditions or requirements.
15. I recognise that it is possible that not all Program participants will consent to, or feel comfortable with, photographs of them being taken and/or uploaded onto social media. I will do my utmost to ensure that I have obtained consent from the Program participant(s) prior to taking their photograph, and (if applicable) prior to using this image in any public manner such as uploading it to social media.
16. Before posting or uploading any content to social media, I accept that it is my responsibility to determine the appropriateness of this content in the context of the public domain, being sure to adhere to my institution's and AUIP's Social Media Guidelines (as outlined in the Program Handbook). If any content is found contrary to these aforementioned guidelines I agree to remove this content immediately if asked to do so by AUIP.



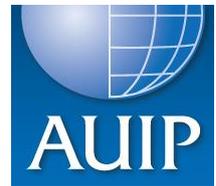
17. I acknowledge that AUIP may use any information about me for its business purposes including for alumni related purposes. I acknowledge that I have a right of access to and am permitted to request corrections of any personal information AUIP holds about me.
18. I understand that the acceptance of this Release, Waiver of Liability and Covenant Not to Sue by AUIP shall not constitute a waiver, in whole or in part, of sovereign immunity by said organization, its members, officers, agents, and employees.
19. Without limiting any other provision of this waiver, I agree that I am personally responsible and liable for any damage that I cause to accommodations or other property during the Program. I understand that AUIP will not be liable for such damage or any associated costs.
20. For the sole consideration of AUIP arranging for my participation in the program(s), I hereby release and forever discharge AUIP, its directors individually and its officers, agents and employees from any and all claims, demands, rights and causes of action of whatever kind, arising from or by reason of any personal injury, property damage, or the consequences thereof, resulting from or in any way connected with my participation in the Program whether caused by negligence or other tortuous acts or otherwise.
21. I further covenant and agree that for the consideration stated above I will hold forever harmless and will not take any legal action against AUIP, its directors individually, its officers, agents, or employees for any claim for damages arising or growing out of my voluntary participation in this Program whether caused by negligence or other tortuous acts or otherwise.
22. This document shall be governed by and interpreted, construed, and enforced in accordance with the internal laws of New Zealand law and I agree that the New Zealand Courts shall determine any issues arising from it. In addition, I agree that should any provision or aspect of this document be found to be unenforceable, all remaining provisions of this agreement will remain in full force and effect.
23. For the consideration stated above, I hereby indemnify AUIP and its officers, employees and agents from any and all liability, loss, cost, expense, claim or damage which may arise or be suffered by AUIP as a result of my acts or omissions as a participant in the Program where those acts or omissions do not comply with or breach my undertakings and agreements in this document and the agreement for participation or elsewhere.
24. I consent to AUIP, without giving further notice, using photographs and films taken during programs, for publication in a brochure or other advertising material. I will not hold AUIP liable for permission or payment or any damage or loss whatsoever resulting from or caused by publication of the photographs or films.
25. I certify that I am at least 18 years of age, and I have no criminal convictions of any nature.
26. I certify that I have read and understood the above, and I voluntarily agree to all of the provisions herein without coercion, duress, threat or promise of any kind.

Signature of faculty leader / teaching staff

Date

Printed Name

Permanent E-mail Address _____



"WITNESS SIGN" - The signature of the individual signing the form must be witnessed by at least one other individual.

Signature of witness

Date

Printed Name