



Foreign Program: Release and Indemnification Agreement

I hereby authorize the staff of Ocean Discovery Institute to act for me according to their best judgment in any emergency requiring medical attention. I hereby waive and release Ocean Discovery Institute from any and all liability for injuries, conditions, illnesses or damages arising out of this program. I have no knowledge of any physical impairment that would be affected by the below named individual's participation in the Program, as outlined in the literature. I certify that all information provided is correct to the best of my knowledge.

1. I understand that my/our participation is wholly voluntary.
2. I understand that the Ocean Leader Intro to Research Program ("Program") occurs within the Country of Mexico, which is governed by the laws of that country, and that I have taken all necessary steps to provide adequate documentation for myself and companion to pass across the international border and return. I ensure that I/we understand that I/we are traveling to another country governed by laws other than those applying in the United States, and that I/we understand the need to abide by the laws of that country.
3. I understand that although Ocean Discovery Institute has made every effort to ensure my/our safety there are unavoidable risks in traveling to a foreign country including:
 - a. Those indicated in the medical form for the Program.
 - b. Those associated with civil unrest, terrorism, war, criminal activity, weather conditions, public health risks, acts of God, and other possibly dangerous conditions beyond the control of Ocean Discovery Institute.
4. I hereby release and hold harmless Ocean Discovery Institute from any and all liability whatsoever for any and all damages, losses or injuries (including death) to me/us and/or personal property, including claims, demands, actions, causes of action, judgments, damages, expenses and costs, including attorney's fees, which arise out of, result from, occur during or are connected in any manner with my/our participation in the Program, any related travel, any activities or excursions, irrespective of whether they are sponsored, supervised or controlled by Ocean Discovery Institute, except for losses as may be caused by the gross negligence or willful misconduct of Ocean Discovery Institute.
5. I have shared all of the above information with those other parties responsible and understand that before signing this agreement, I understand that I have the right to consult with the advisor, counselor, or attorney of my choice.



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Student First and Last Name:	
Medical Insurance Provider Name:	
Medical Policy #:	
Medical Insurance Contact Number:	
Does your medical insurance provide coverage in Mexico (Yes/No)?	
Guardian Signature:	
Today's Date:	