



Medical Authorization

I, _____, of legal age (hereinafter referred to as participant), request the permission to participate in the Linguistic and Cultural Immersion Program from _____ to _____, held by INIM (College of General Studies) at the University of Puerto Rico (UPR), Río Piedras Campus.

I, certify that, after thorough consideration of the risks involved during the activities organized by the University of Puerto Rico, Río Piedras Campus, I authorize the respective authorities to medically intervene in the case where I may suffer illness or in the event of an accident and/or unconsciousness.

Furthermore, I accept that having signed this medical authorization, we consent to all terms established in the preceding paragraphs and release any of the University's employees, volunteers, personnel, or other entities from any liabilities I may hold against the UPR. Also, I remit the personnel working on the activities of this program from any responsibilities regarding accidents or damages caused during the activities coordinated during this period.

Participant's printed name

Signature

Date

Address